Clinical Lecture
ON
CASES OF NEURITIS,
SYPHILITIC AND RHEUMATIC.

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IT was in December, 1877, that Joseph H——, thirty-one years of age, a carpenter, applied at the hospital, looking haggard and cachectic, and walking with great difficulty, the right leg being dragged. He complained of constant cramp-like pain, extending from behind the right trochanter along the back of the thigh to the knee-cap, and thence down the shin-bone to the middle of the instep. There was a tender point where the sciatic nerve quits the pelvis, and another in the popliteal space. The limb had wasted, so that it measured half an inch less in circumference than the left, and the patient said that he had lost two stones in weight since the beginning of his illness, eighteen months previously.

It appeared that after getting wet daily in the country for ten days, he had been seized with violent diarrhœa which lasted for several days, and left him very prostrate. Very severe pain then attacked him behind the hip-joint, and from that time he had never been free from suffering. The pain did not leave him day or night; but was worst in the middle of the night. His own description was that the pain was so exceedingly severe that he was "like a madman with it," and I am informed that on at least one occasion there was evidence to show that he had seriously contemplated self-destruction. He could not sit or stand without increase of suffering, and he never obtained an hour's sleep at a time. The leg had become so weak that he crawled about with difficulty, and he had been entirely incapacitated for work during a year and a half. I am informed by the gentleman who treated him when he came to town that his condition was attributed to neuralgia consequent upon the exhaustion of severe and continued diarrhœa. Under treatment the diarrhœa subsided, but the pains remained uninfluenced, and eventually he was sent to a metropolitan hospital, where he remained as an in-patient for three months. Whilst there, he tells us, he was injected every night and morning with morphia, which had the effect of giving him only temporary relief from his suffering, and he left the hospital rather worse than on his admission.

When I came to hear this story, and to note the man's deplorable aspect, my first impression was that he must be suffering from malignant disease, and I therefore made a peculiarly careful examination of his hip and pelvis and thigh. On the front of the femur, at the part which corresponds as nearly as may be to the level of insertion of the adductor longus muscle, was a hard swelling, measuring three or four inches in its long axis and about one inch and a half in diameter. The tumour was only to be felt on deep palpation, was immovable, and evidently connected with the femur, into the shaft of which it shelved off. It was not tender to the touch. A careful search failed to discover any similar swelling at any other part of the limb, or at such points of the pelvis as could be reached by the hand.

On inquiry we learnt that fifteen years previously the patient had suffered from a bubo, which was lanced. He had no recollection of ever having been affected with "venereal sore," and had never to his knowledge had any skin eruption, sore-throat, or eye trouble.

The opinion was expressed that the swelling was either a syphilitic periosteal node or a cancerous growth of the bone, and iodide of potassium was ordered to be taken in ten-grain doses three times a day.

Within a week the pain had so far subsided that the man was sleeping well. He continued to take the iodide for five weeks, but long before then he had perfectly recovered. There was no longer any pain whatever, and the swelling had disappeared. He then returned at once to his work, from which he had been absent nearly twenty months. This last Christmas week, at my request, he came here, so that we might have the opportunity of learning how he had been getting on. He told us that there had been no return of the pain, that he had been continually at work since he had recommenced his occupation, and that he had never been better in his life.

We may take it, I suppose, as certain that this man suffered from neuritis—perhaps more properly perineuritis—of the sciatic nerve. The district occupied by his agonising pain, the points where there was marked tenderness on pressure, together with the powerlessness and muscular wasting, bear unmistakable testimony to the existence of this lesion. At the same time he had a large periosteal node on the *front* of his femur, which disappeared under the treatment which cured him of his pain and lameness. The position of this swelling, however, would apparently preclude the probability of its having of itself caused the perineuritis. I think, indeed, that we must look upon it as a key to the specific character of the patient's disease rather than as the immediate cause of the symptoms from which he suffered, and suppose that there was another node, out of reach of the hand, which had pressed upon and irritated the sheath of the nerve. The history of a bubo, the occurrence of the node, and the exceedingly rapid and complete cure by iodide of potassium, taken together, leave no doubt as to the syphilitic character of the affection. It is quite possible, therefore, that there may have been a gumma in the sheath of the nerve. Considering that the attack began immediately after long exposure to wet, it is not surprising that the sciatica had been referred, at one period of his illness, to a rheumatic origin, and treated accordingly. But the fact is not the less instructive.

There was another carpenter, Samuel C——, who applied here in October, 1878. He was sixty-two years old, and had worked extremely hard until the last two or three years. Like H——, this man was worn and haggard with pain—so ill and powerless, indeed, that he was brought to the hospital on a bed, and was wheeled into the consulting-room on a chair. As he sat he could not lift the right foot from the ground, and a moderate downward pressure upon his knee prevented movement of the left. He complained of dreadful pain down the inside of his right thigh, which sometimes extended to the inner ankle, and also about the right groin and pubic region. The pain was increased if he attempted to stand on the right leg, and "made him shout out in agony." From notes of his case taken by Mr. A. E. Broster, resident medical officer, it appears that two months previously he had been attacked with severe pain in the lumbo-sacral region and behind the hip. He took to his bed, and in the course of three days lost the use of his right leg. This failure was accompanied by very distressing pains, "as if you were dragging the nerves out" in the right hip-joint and on the outside of the thigh, as well as by rapid loss of flesh. The left leg was not affected until three days before he came to us, and then pains, but of less severity, attacked that limb, which in its turn began also to get weak. Percussion upon the second and third lumbar spines was found to cause intense pain, whilst there was also evidence of decided tenderness about the first, fourth, and fifth lumbar spines and the sacrum. Over all this part sensibility to cold was exaggerated. The right lower extremity was wasted as to the muscles on the front of the thigh, and in this situation the cutaneous sensibility was blunted. The patellar tendon reflex was present, but small; there was no foot clonus. When iodide had been taken in ten-grain doses for four days, the pain began to ease in his right thigh, and shortly afterwards the power began to improve. In a fortnight he was able to bear some weight on his right leg, and the left leg, which had previously shaken if he leaned upon it, got much firmer. He gained flesh. The patient was now admitted into the hospital greatly improved, but still suffering to some extent. He was, however, able to be up and about the ward, but complained of aching pain, if he walked, on the inner side of the right knee. This was removed by a blister. At the end of six weeks he was discharged, feeling nearly as well as usual, and able, as he thought, to walk a mile. Although not free from aching pain, his improvement was most striking. The right thigh, which had measured three-quarters of an inch less than the left, had recovered its size, and the irritability of the muscles to faradaism, which had been greatly diminished, was restored. It was notable that whereas early in the treatment a very moderate strength of

the constant current had occasional exquisite pain at certain spots in his right thigh, at the time of his discharge it was felt less in the right than in the left limb. There was no longer any pain on percussion over the lower part of the spine, nor could any spots tender to pressure be discovered in the thigh.

Here were two carpenters, then, who both, by a strange coincidence, suffered from extremely acute pain, loss of power, and wasting in the right lower extremity, following exposure to chill; who both, according to their own account, lost a couple of stones weight in their illness; and who both got well under similar treatment. In spite, however, of this singular correspondence in fortune, I think we must feel that, although they both suffered from perineuritis, the cause of the inflammation was probably not alike in the two men.

In the case of H—— there was a periosteal node. I do not mean to assert that a swelling of this kind could not possibly be occasioned by rheumatism, though I have no experience of such an occurrence. As a matter of common observation, however, there can be no doubt that if one meets with so well-marked a symptom as this in a case where there is a history of a former bubo, and the node rapidly disappears under iodide of potassium, it is not safe to doubt its syphilitic origin.

In C——'s case, on the other hand, there was no existing sign or past history of syphilis. I should not take much account of this absence of evidence if there were other reasons for strongly suspecting syphilis, for we are continually meeting with cases in which the symptoms caused by lesion of some part of the nervous system constitute of themselves the only testimony to the specific nature of the disorder, and experience shows these to be quite as pathognomonic as affections of the skin. But in this case, the nature of the disorder pointing with at least as great probability to rheumatism as to syphilis for its basis, it becomes necessary to attach very considerable weight to the circumstance that there is an entire absence of all signs of the latter disease. Moreover, it must be noted that, notwithstanding the great improvement in the patient's condition, he is still suffering from more or less pain and weakness, and that, when he came to us last week, he complained of pain, evidently of rheumatic character, in the muscles of one arm. That iodide of potassium is often of great service in chronic rheumatism is a well-attested fact, which requires, however, to be remembered when we are inclined, as we sometimes are, to find too readily in the improvement alone produced by its use strong evidence of the syphilitic nature of the lesion for which it is employed. But it has often seemed to me that there is an exceptionally sharp and decided influence exerted by the drug in many syphilitic affections which is only mildly imitated, as a rule, by its effects in chronic rheumatism. In H—— this was well seen. In a very short time the whole mischief was swept clean away, and the man remained apparently as strong and well as ever. In C——, although the influence of the iodide was greater than is perhaps usually seen in rheumatic cases, yet the improvement of the first few days was by far the most important, and the cure, though certainly striking enough, cannot be said to be complete. Nor must it be forgotten, in reference to this point, that C——'s illness, when he came under treatment, had lasted only one-ninth part of the time during which H—— had been suffering.

The pains in the case last related were referred to the regions innervated by the ilio-hypogastric, ilio-inguinal, genito-crural, external cutaneous, anterior crural, and obturator nerves of the right side. From the fact of the left limb being also, though very partially, involved, and from the intense pain in the lumbar portion of the spine when this was percussed, it seems likely that the actual seat of the lesion was in the nerves going to constitute the lumbar plexus, whilst they still occupied the cavity of the spinal canal. That the lesion did not (as in certain respects the symptoms appeared to suggest) consist of a tumour, pressing especially upon one-half of the cord, is shown, I think, by two circumstances—1st, there was no exaggeration of skin-reflex upon tickling the right sole; 2nd, there was no marked cutaneous anæsthesia of the left lower extremity.

VACCINATION GRANTS.—The following gentlemen have received the Government grant for successful vaccination in their districts:—Mr. J. Wyatt Pratt, Wiveliscombe, £9; Dr. G. W. Hutchinson, Chipping Norton (third time).

THE ACTION OF PITURI ON MAN.

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THIS interesting drug is derived from Duboisia Hopwoodii, and belongs to the order Solanaceæ, but differs strangely from the other medicinal plants derived from this family. With Dr. Bancroft and Mr. Murrell, I have shown that, given to animals, it causes drowsiness, dilates the pupil, produces general weakness, twitchings of the muscles, hurried breathing, and antagonises the action of muscarin and pilocarpine on the heart, in these particulars corresponding with atropia and duboisia; but pituria differs strikingly from these drugs in producing copious salivation.

Mr. Percy Gabb and I have recently made some additional observations regarding its action on man. Mr. Gerrard obtained the pituri with which our observations were made from Mr. Macalister through Mr. E. A. Clare, of the Queensland section of the Paris Exhibition. It was grown in the botanic gardens at Brisbane by Mr. Hill, for whom it was exhibited. Mr. Gerrard extracted the alkaloid and prepared the nitrate.

Our observations were made on four men, aged respectively seventeen, twenty, twenty-three, and forty-eight. We found that one-eighth to one-tenth of a grain given hypodermically produced in these cases well-marked symptoms, and in all the observations from which we now draw our conclusions this dose was administered. We made twelve observations. We find that pituri produces faintness, pallor, giddiness, tremor, hurried and superficial breathing, increased frequency of pulse, and contraction of the pupils and perspiration. We shall now speak of each symptom separately.

Faintness and *pallor* were noted four times, and on one occasion the man became pale, but did not feel faint; the faintness was only slight, except once, when he said he felt as if he "should faint away."

Giddiness was several times very marked. It occurred six times in our twelve observations.

Tremor affected the whole body, and was rather rhythmic in character; the head shook a little, and the hand and arm, especially when the arm was raised. The muscles also twitched a good deal, even the muscles of the face. This symptom occurred four times.

Respiration.—Breathing was quickened in five cases, namely by 6, 6, 10, 10, 12, 15 respirations respectively per minute.

Pulse.—The pulse was increased eight times by 6, 6, 12, 14, 24, 24, 24, and 44 beats per minute respectively.

Pupils.—In every instance the pupils became slightly but decidedly contracted a very few minutes after the injection.

Perspiration occurred ten times, in some cases standing in drops on the body. We are inclined to think that the perspiration is especially abundant in the legs and feet, but the excess we there noted may be due to the greater accumulation from the bedclothes hindering evaporation.

In no instance did it appear to affect the mouth, producing neither dryness nor salivation. The symptoms passed away completely in twenty minutes to half an hour.

We made four observations respecting the influence of the topical application to the eye on the pupil, and in every instance the pupil became for a short time slightly contracted, and then widely dilated. We used a one per cent. solution, but this caused considerable smarting, which became less on the second application a few minutes after, and ceased on the third application a few minutes later. The pupil became widely dilated, but generally responded a little to light. The dilatation began in about half an hour, and lasted only for a short time, disappearing in one case in eight hours, in another in less than twenty-four hours, and in a third the pupils became nearly equal in twenty-four hours.

This solanaceous plant, pituri, we find, then, produces faintness, pallor, giddiness, tremor, hurried and superficial breathing, increased frequency of pulse, perspiration; in larger doses, salivation, drowsiness, convulsive twitchings, spasmodic rigidity of the extremities. In small doses, internally administered, it contracts, in large it widely dilates the pupils; locally applied, it contracts and then widely

dilates the pupils. It antagonises the action of pilocarpine and muscarin on the frog's heart.

Whilst retaining many of the properties of solanaceous plants, pituri differs in some striking particulars. Like atropia, hyoscyamia, daturine, and duboisia, it produces general weakness and drowsiness, dilates the pupil, quickens the respiration, increases the frequency of the pulse, and antagonises the action of muscarin on the heart; but it differs from these alkaloids in producing salivation and increased secretion from the skin, in this respect corresponding to muscarin and pilocarpine, with which substances it is further allied, for muscarin produces giddiness, fainting, prostration, stupor, breathlessness. Internally given, it contracts the pupil; applied locally to the eye, it dilates the pupil; whilst, like pilocarpine, it produces muscular trembling and accelerated pulse.

Mr. Tweedy saw the patients and examined the eyes while under the influence of pituri. He reports as follows:—"I have little to add to your account of the effect on the eye of the local application of a solution of pituri, except to note that, although the pupil was widely (not fully) dilated, the accommodation was almost unaffected. The patients could read quite well, and they did not complain of much mistiness. Pituri seems to be a weak mydriatic; strong enough to dilate the pupil for a few hours, but not sufficient to impair the action of the ciliary muscle. Except the smarting, a weak solution of atropine—say one-thirtieth of a grain to an ounce—would produce the same symptoms as the one per cent. solution of pituri, perhaps even including the preliminary contraction. Ophthalmoscopically I discovered nothing."

ON THE TREATMENT OF LUPUS BY ERASION.

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(Concluded from p. 261.)

CASE 1.—The first case in which I had an opportunity of testing this method was brought to me by Mr. Towne, modeller in wax to Guy's Hospital. The patient, a married woman, twenty-eight years of age, was admitted into Martha ward under my care on Sept. 28th, 1875. She was of dark complexion, pale, but rather stout. She had had one child, which died four years before her admission. There was no history of syphilis. For some time she had been disfigured by brown patches of lupus on her face. There were five of these brown tubercles on her cheeks, varying in size from a sixpence to a shilling. In order to compare the effects of different methods of treatment, it was determined to excise two patches, scrape two, and apply the galvanic cautery to the fifth. The two smallest were excised by elliptical incisions, and the edges of each wound were brought together by a single suture. She left the hospital a week after the operation, at which time the parts where excision had been practised looked the most hopeful, as primary union had here taken place; the patches scraped presented a raw surface with a pale healing edge, and the spot cauterised was also granulating, but with an inflamed areola. A month after the operation the patches scraped had completely healed, the spot cauterised was still unhealed, and the granulations were exuberant, whilst the cicatrices of the two excised portions showed some evidence of the recurrence of the disease. A month later, it being now clear that the disease had returned in the cicatrices of the parts excised, chloroform was administered and these spots were scraped. After this I did not see her again, but I heard from time to time that there was no return of the disease. On the 10th of August, 1877, Mr. Towne gave me the following report: "S. G—— has left Eltham. There has been no return whatever of the disease, and she is in good health. The scars, with one exception (that caused by the cautery), are scarcely perceptible, except when she is heated."

CASE 2.—T. W——, aged fifty-two, a stout, plethoric-looking man, came among my out-patients in January, 1876, suffering from a pale superficial ulcer on the left cheek, which had existed for four years. The ulcer was about the size of a shilling, and the granulations upon its surface were slightly raised. He said it had commenced as a little pimple, which he had picked, and that it had increased very slowly, and never showed any disposition to heal. He was a married man, and had never contracted syphilis. I scraped this ulcer, and applied to it at first lead lotion, and afterwards lead ointment, under which treatment it healed but slowly. On substituting chloral lotion, however, it rapidly healed. As this occurred at an age when lupus is uncommon, and in a man of healthy appearance, I did not feel sure at the time that the disease was lupus. Microscopic examination of the tissue removed showed only granulation-structure. The man was given strict injunctions to come again if the disease reappeared. He presented himself again in January of this year, with two little spots of gelatinous material, evidently lupus, which had appeared between the old cicatrix and his nose about three months before. These little tubercles were picked out with a blunt raspatory and quickly healed.

CASE 3.—G. W——, aged nine, first came under my care in August, 1876. His parents are living and healthy, but he is a pale, thin, cachectic-looking boy. There are five other children. He was vaccinated at the age of one year and nine months, and soon after this a spot appeared on his right cheek, which formed a sore that has been gradually extending, in spite of treatment, ever since. He has attended as an out-patient, both at special and general hospitals, for several years, and many applications and caustics have been tried. The surface of his right cheek was occupied by a large ulcer, which extended from his temple to the margin of his jaw, and from his ear across the bridge of his nose to its left side. It involved the lower eyelid, and excited so much ophthalmia and intolerance of light that he was compelled to wear a bandage over the eye. It was determined to compare the effects of different methods of treatment on different parts of this large ulcer. Accordingly, caustic potash was applied on one side, nitric acid at another part, and a third part was scraped. In a few days it was evident that the caustic potash had caused a considerable slough; the nitric acid had also burned somewhat deeply, and the healthy tissue near was much inflamed; whereas in the neighbourhood of the portion scraped there was no evidence of inflammation, and it was the first to put up healthy granulations. The patient was treated internally with cod-liver oil and iron, and an ointment containing oil of Cade was applied to the sore. He soon after left for the country.

He came again under observation in January, 1877, and was admitted into Guy's Hospital under my care on the 18th of that month. At this time considerable repair had taken place. On the inner side, where the caustic potash had been applied, there was now an indurated cicatrix; where nitric acid was applied the cicatricial tissue was less dense; and where the lupus was scraped there was a thin superficial scar. The greater part of his right cheek was still covered with a sore, which was two inches and a half in its greater diameter, and two inches in its least. It was covered with irregular granulations, and yielded much purulent discharge. The right lower eyelid is slightly drawn down and swollen. On Jan. 19th the whole of the surface of the lupus patch was scraped with a spatula till a firm dense tissue forming its base was reached. In a few days granulations sprang up all over the scraped surface, and a healing edge appeared all round the sore. On Feb. 12th the sore had greatly diminished in size, and was covered with healthy granulations. Skin-grafting was commenced. The boy left the hospital on Feb. 25th, and the ulcer was completely healed about a fortnight later. I have since seen the boy several times. I last saw him on December 6th, 1878, and there has been no return of the disease. His right cheek is occupied by a pale thin cicatrix, except on the side of his nose where the caustic potash was applied. It is not a little remarkable, considering the extent of the disease, that a cure was obtained with scarcely any drawing down of the eyelid, although that was itself involved. With the cure of the lupus, the affection of the conjunctiva and intolerance of light subsided, and the right eye is now as perfect as the left. This boy had suffered from lupus during seven of the nine years of his life, and I doubt if with any other means a cure could have been effected with so little subsequent deformity.

CASE 4.—A. P——, aged twenty-seven, a chimney-sweep, had suffered from lupus of the nose for six years. There is no history of phthisis in the family.

His parents are living, and he has four brothers and two sisters, all healthy; but a sister lost the ala of her left nostril from lupus when eight years of age. The disease commenced on the tip of his nose in 1862 as a small pimple, which used to scale. He derived considerable benefit from ointments and caustic applied by his medical attendant, but in 1864, the disease getting worse, he sought advice at the Blackfriars Hospital, where he remained some months under treatment. In 1865 he was again under the charge of his medical attendant, Mr. Atkins, of Sutton.

In May, 1866, he was admitted into Job ward under my care. At this time the tip and left ala of the nose were infiltrated with lupus-tissue. There was some ulceration at the junction of the ala with the septum, and the disease extended some distance on the mucous membrane of the septum. The softened tissue was scraped away by means of a blunt scoop, and the wound dressed with chloral lotion. Under this treatment, and the occasional application of nitrate of silver, healing took place, and he remained free from the disease eight or nine months. Fresh tubercles then appeared on the nose, and were treated from time to time with caustic by his medical attendant. In December, 1877, both lachrymal sacs inflamed, and he has since suffered from lachrymal fistula on both sides.

In May, 1878, he was again admitted into Job ward. The left ala of his nose was ulcerated and much infiltrated with lupus. Two or three separate tubercles were seen on the right side, and indurated tissue extended to the margin of the nasal bones. There was a mass of fungating granulations springing from the commencement of the lachrymal duct on either side, and it was evident that lupus tissue was extending outwards into the lower eyelid of each eye. Chloroform was administered, and the softened part of the left ala scraped away as well as the disease on the septum. The separate tubercles were picked out, and the infiltrated tissue treated by multiple puncturings with a tenotomy knife. The inferior canaliculus of each eye was next split up, and a probe passed through them into the nose, after which the lupus tissue and granulations around the lachrymal fistulæ were scraped away. The nose was dressed with chloral lotion, and the eyes were treated with red oxide ointment. Under this treatment the nose completely healed, and is now quite free from the disease; the right lachrymal fistula also closed, but the left, failing to close, was again scraped on July 1st, and the duct probed frequently till healing took place. The recurrence of the disease in this case must, I think, be attributed to his employment, which he has since been advised to retire from. The case, nevertheless, illustrates the good effect of the treatment adopted.

CASE 5.—L. B——, aged eighteen, a student, suffered from a severe attack of measles at the age of ten, after which he noticed several pinkish-brown spots on his body. There were eight of these spots in all, varying in size from a pin's head to a pea. One of these was situated on the chin, one on the lip, one on the mastoid process, two on the bend of the elbow, two on the inner side of the thigh, and one on the inner side of the right leg. After a time, those exposed to air disappeared without treatment, leaving depressed cicatrices to mark their sites. Those on the arm and thigh remained for years stationary, but the spot on the inner side of the right leg gradually increased in size. When it was about half an inch in diameter it was cauterised. This caused it to scale, but did not check its growth. About four years and a half ago it broke down and formed a sore, which was treated with water-dressing. After a time it healed in the centre, but continued to spread as a brownish deposit at the circumference. About three years ago he took arsenic for a period of six months, but this had no effect whatever upon the lupus spots. The ring of lupus on his leg increased until, in February, 1877, it was two inches and a half in length by one inch and a half in breadth. At this time he sought my advice, and, under chloroform, I scraped away the lupus tissue. The sore was afterwards dressed with chloral lotion, and gradually healed as a simple ulcer. During the winter, a few small separate spots appeared around the margin of the cicatrix, chiefly on the inner side. These were picked out with a blunt-pointed instrument, and a zinc point was then introduced for a moment into each minute depression. Since then the resulting sores have healed, and the leg has remained free from lupus.

CASE 6.—E. T——, aged fourteen, was admitted into Clinical ward on the 18th of July, 1877. She was a child of dark complexion and delicate appearance. At the age of three years she suffered from an attack of measles, and at this time a pimple about the size of a pin's head was first noticed on her left cheek. It has gradually increased in size ever since, and is now about as large as a shilling. The spot is roughly circular in outline, of a dark-red colour, and uneven on the surface. There is no pain or tenderness whatever. There is usually a scab on it in the winter, but not during the summer. The skin in the neighbourhood is healthy. She has been under Dr. Taylor's care as an out-patient for five months, but gaining no benefit, was admitted for more active treatment. On August 4th chloroform was administered, and I scraped away the whole of the softened lupus tissue. Chloral lotion was afterwards applied. In a few days granulations sprang up, and a blue healing edge appeared all round the sore. She remained in the hospital till Aug. 26th, when the sore was reduced to half its former size, and presented a healing edge and healthy surface. She continued to attend occasionally as an out-patient till the wound had quite healed.

CASE 7.—M. C——, a young woman aged twenty-one, was admitted into Lydia ward under my care on March 21st, 1878. Her parents are living, and her brothers and sisters are healthy. The disease commenced six months ago as a thickening and soreness of the septum of the nose complicating a cold. The catarrh passed away, but the disease of the septum continued to spread over the upper lip and nose, in spite of treatment. On admission her appearance was greatly disfigured by swelling and discolouration of the nose and upper lip. The disease extended from the margins of the nasal bones to the edges of the alæ and septum as a brownish-red mass coated with scales and complicated with pustules. The upper lip was also greatly thickened and similarly diseased on its outer surface as far as the margin. The mass was not painful, and bled only when injured. There was a tendency to catarrhal ophthalmia, and the glands in her neck were enlarged. On March 23rd, the patient being under chloroform, I scraped away the disease from the lip till a dense sound tissue was reached. I next with less severity scraped the nose, which was found deeply implicated and suppurating beneath the scab. Dry lint was afterwards applied, and the wound left undressed for two days. Very little pain was experienced after the operation, and no elevation of temperature occurred. Chloral lotion was afterwards applied, and the raw surface occasionally touched with nitrate of silver. Under this treatment the lip healed as a simple sore, and the thickening became gradually less; the nose also quickly healed. But on April 9th, it being evident that some lupus tissue still remained at the end of the nose and septum, these parts were again scraped. It was found that here the disease involved the whole thickness of the ala, and had destroyed a small piece of the cartilage. The whole of the infiltrated portion of the nose was then treated by multiple puncturing. After this the nose quickly healed and shrank to its normal size. The patient was discharged on April 18th, at which time there was still a little scaliness at the tip of the nose. On May 2nd she was readmitted, there being two or three little separate cell-masses on the tip of her nose. These little tubercles were picked out, and a zinc point introduced for a moment into each cavity. She was treated internally with cod-liver oil and compound iron mixture. There was only a little redness remaining, when she was sent to a convalescent home on May 21st. She returned from the home a month later, much improved in health and free from the disease. She was thus relieved by very simple means of a hideous and progressing deformity, and she now presents a not unpleasing countenance.[1]

CASE 8.—M. G——, aged eight, was an out-patient under the care of Dr. Hilton Fagge in January, 1878. She was pale and of dark complexion; her grandfather died of consumption, but none of the present generation had suffered from phthisis. Her mother dates the onset of the disease from vaccination in infancy. There is a patch of lupus, somewhat larger than a shilling, on the ulnar side of the right arm near the wrist. It is in part scaly and in part ulcerated. Scattered around the large patch there are a number of little separate cell-masses. On Feb. 9th I scraped

[1] Within the last fortnight this patient has been readmitted. She went into service last November, became depressed in health, and, after suffering from amenorrhœa for three months, noticed the recurrence of pimples on her nose. She had been quite free from the disease for eight months.

away the disease, and picked out the little disseminated tubercles. The surface thus treated soon assumed the appearance of a simple ulcer, and slowly healed. She continued to attend until the healing process was completed.

CASE 9.—A. H——, aged fifteen, an out-patient, had suffered from a reddish scaly patch on her left cheek for three years. She was of rather fair complexion, with brown hair, and was in good health. The lupus patch had commenced as a little pimple, and was gradually extending, being at the time of operation rather larger than a shilling. On March 28th, 1878, the whole of the softened tissue was scraped away with a blunt raspatory. On April 8th the wound had completely healed.

CASE 10.—H. H——, a boy aged fifteen, came as an out-patient to Guy's Hospital on April 25th, 1878. His parents are living, and he has seven brothers and sisters. There is no history of phthisis or lupus in the family. The disease commenced nine years ago beneath the nose, and has gradually extended ever since. It involves the whole of the upper lip, which is coated with thick scales, and much thickened. It also extends around the inner margin of each nostril. He has had advice from many medical men, and two years ago attended several months at a hospital for skin diseases without benefit. On April 25th the lip and nostrils were scraped, after which healing gradually took place. On May 13th, there being some pustules and softened tissue on the lip, it was again scraped. The swelling of the lip gradually subsided as the healing progressed. On June 17th, as there appeared to be still a few softened spots, these were picked out, and a zinc-point applied to each depression. The disease was thus completely eradicated. He was last seen on Sept. 27th, and there had been no return of the disease.

The foregoing are all cases of lupus vulgaris, to which the treatment by erasion is especially applicable. The other form of lupus—namely, Lupus erythematosus, or erythematodes of Cazenave, is probably a distinct affection, attacking more particularly the sebaceous follicles, and spreading superficially from the nose to either cheek, till it commonly assumes the shape of a butterfly or bat, with wings expanded. It commences as little reddish spots, slightly depressed, and covered in their centres by greasy scales, the "primary eruptive spots" of Kaposi. The little scales, when raised, are seen to be continuous with the sebaceous matter of the skin follicles, whose orifices appear dilated. Hence, Dr. Tilbury Fox has applied the not inappropriate name of Acneiform lupus to this disease. It spreads as a little red wave over the face, leaving behind a paler, dotted, and scaly surface. Although this disease usually runs a very chronic course in its earlier stages, it not unfrequently disappears under simple remedies.

The following case came under my care in 1875, and I had an opportunity of watching the disease from its earliest commencement until its termination, which was apparently brought about by the administration of iodide of potassium. E. C——, aged twenty-five, a woman of fair complexion and well nourished, was admitted under my care in Guy's Hospital in September, 1875, suffering from a large ulcer of the left leg, which had commenced three months previously. She had been married nine years, but had had neither children nor miscarriages. There was no history of syphilis. The ulcer was large, superficial, and very painful, and the patient of a peculiarly irritable disposition. After the patient had been in the hospital three months she had an attack of erysipelas, and the sore, which had nearly healed, again broke down. In January, 1876, there appeared on the right side of her nose a small red scaly spot, which spread very slowly till it reached the size of a threepenny-piece. A few weeks later a round spot appeared upon her cheek near to the first, and assumed much the same aspect. On March 6th she was seen by Dr. Hilton Fagge, who agreed in the diagnosis that the skin affection was lupus erythematosus, and suggested the internal administration of citrate of potash. This had no effect on the disease, and a few weeks later an ointment containing oil of Cade was employed. At first the ointment seemed to do good, but when she left the hospital, at the end of April, the eruption had increased rather than diminished. She spent two months at a convalescent home, and, when she returned, again came under my care as an out-patient. The eruption on the right side of her nose and cheek had considerably extended, and another patch had come out on the left side of her nose. She was now treated with ten grains of iodide of potassium three times a day and the ointment of oil of Cade. Under this treatment she rapidly improved, and at the end of six weeks the eruption on her face had completely disappeared. From the effect of the iodide of potassium in this case it may be argued that the disease was syphilitic—and undoubtedly it is often very difficult to distinguish between lupus and some late syphilitic eruptions,—but careful examination failed to gain the slightest history of syphilis, and it is important to note that the drug had no effect whatever upon the ulcer of the leg.

I might refer to other cases which I have seen relieved or cured by the internal administration of arsenic, but this drug is almost certain to be employed at some time in the course of any chronic skin eruption. Far more commonly the disease extends in spite of medicine and requires local treatment to effect a cure. It is then that "multiple puncturing" proves of service by opening up the cell tracts, destroying the vessels, and thus eradicating the disease. Both Veiel and Kaposi speak highly of this method of treatment. I have had occasion to employ it but once, and in this case I scarified the whole surface three times before the cure was completed.

In drawing this paper to a close I would direct attention to the main points I have had in view when writing it. One was to give good reasons why the term lupus exedens should be entirely disused, and to point out how that the effects of hereditary and tertiary syphilis have been, and still are, confused with lupus under this term. Secondly, to insist that lupus is a local disease, taking root in people of a delicate constitution, and therefore to be treated in the main locally, whilst we improve the general health. Finally, to commend the method of treatment by erasion or multiple incisions, as one which favours cicatrisation by destroying the diseased tissues without injuring those which are normal, and to express my opinion that this method of treatment is a real advance on our previous knowledge, which will enable us more effectually to combat this at one time intractable malady.

St. Thomas's-street.

ICTERUS NEONATORUM.

NOTES OF A CASE IN WHICH A CONGENITAL STRICTURE OF THE DUCTUS COMMUNIS CHOLEDOCHUS WAS FOUND ON POST-MORTEM EXAMINATION.

BY JOHN GLAISTER, L.R.C.P. & L.R.C.S. ED.

CONGENITAL lesions of the common duct of the liver being comparatively rare, and the majority of cases of the above disease being of a simple character, I may feel myself justified in bringing before the readers of THE LANCET the notes of a case in which this disease was present from an early period after birth, where the symptoms were severe, and where the child died sixty-two hours after being ushered into the world.

On the morning of the 19th July, 1878, Mrs. A—— was delivered of a male child, rather below the average weight, and somewhat puny in appearance, but mature. The child cried lustily after the application of water, hot and cold alternately, but before appeared somewhat inanimate. The labour was a "dry" one. The skin was healthily coloured, and the eyes were normal in appearance. The mother incidentally remarked to me, before I left the house, that she hoped this child would not meet the same fate as the four previous ones; and, on my inquiring into this matter, the nurse, who had been in attendance during previous confinements, informed me that generally, on the second day after their birth, each got quite yellow in colour, which was greatly intensified till death resulted at the end of a week. I was rather struck with this fact, since such a condition of things is rare in maternal histories; but I waited the course of events. I inquired into her child-bearing history, and found it as follows:—Her first two children were born at full time and grew up healthy and strong, although the second was slightly tinged with bile, but recovered easily; the third, an immature child of eight months, developed symptoms of jaundice on the day succeeding her birth, became perfectly yellow, and died convulsed on the fourth day; the fourth, a strong female child, experienced a similar history, and died within a week; the fifth, a weakly girl, died also in about a week; the sixth, a strong healthy boy, developed the usual list of symptoms, lived for three weeks, and then died from *umbilical hæmorrhage;* the seventh, a strong girl,

survived the jaundice after having experienced convulsions due to that disease, but lives at present in a state of imbecility, accompanied by peculiar nervous symptoms; the eighth is the subject of this paper.

The mother attributed the comparative longevity of the sixth child to the purgative treatment employed. This treatment was also adopted in the case of the seventh child with a still better result. This influenced me in my treatment of the case under consideration. About six hours after its birth the child received, under my directions, half a teaspoonful of castor oil—a deviation from my usual treatment, as I have always set my face against the indiscriminate practice among nurses of dosing children newly born. On the following morning I found the child developing the symptoms of jaundice—the nails, the conjunctivæ, the face, head and neck, and the limbs, all tinged of a distinctly yellow colour. These symptoms, the nurse informed me, began to appear on the night previous. The medicine had operated, but the dejections were scanty and evidently of meconium; the urine was scanty, and tinged the cloths yellow. The child was ordered to have a two-grain dose of mercury and chalk with sugar, to be followed in four hours by oil; a second dose to be given, and followed similarly by the oil in six hours afterwards. The motions had now become clayey in appearance and scanty in quantity. During the evening visit the colour was observed to be deeper in hue; the child was listless, would not take the breast, and slept inordinately. It was ordered to be enveloped in warm fomentations, in the hope that the skin would act more freely; and to be repeated every three hours. Kidneys evidently sluggish; water scanty, and of a deeper colour.

On the morning of the 21st the symptoms were still more developed, and the purgative plan was adhered to. The skin was harsh and dry, not evidently responding to the call of the moist heat. The child had developed "catches"; spasms of throat and slight facial contortions; while its little hands were restless, and it gave expression to an occasional moan. Fomentations to be continued. I paid a visit again in the evening, along with two medical friends, and found the child yellow as an orange-lily, but lacking its brilliancy, and a distinct increase in the nervous symptoms. The respiration was characteristically that of Cheyne-Stokes; pulse weak and slow; facial contortions more frequent and pronounced; belly tumescent; skin still dry, with an entire absence of sensible perspiration. In short, the child was being slowly poisoned before our eyes. At 10 P.M. it died.

The mother, meanwhile, continued well, and recovered without a bad symptom; and it is interesting to note, in passing, that while carrying her present child she "never felt in better health," as she herself expressed it.

The question I asked myself at the beginning of the symptoms was: Under what head can the affection in this case be put? Suppression, retention or non-elimination, or resorption of the bile from obstruction? And was the lesion that obtained here the same as in the four previous fatal cases? I inclined to put it in the latter class, and thought that there was some mechanical obstruction of the common duct, being partly led up to that supposition by the succession of similar cases in the family history, and by the quick development, course, and result of the disease.

From the obvious difficulty of obtaining the urine of the child during its life, and also the nearly empty condition of the bladder at the post-mortem examination, I found it impossible to elucidate the cause from the urine alone. It is said by some that the presence of the bile-acids in the urine emphatically indicates the fact of the resorption of the bile, since they are only found in jaundice from obstruction, while in suppression, non-elimination, or retention, we only find an exaggeration of the biliverdine and cholesterine which exist normally in the blood. Clearly, then, I had to search in another direction. There was a very small chance of the *origo mali* being gall-stones, since they are very rarely found in children. I can only find one such case recorded. It might be catarrh. Could the treatment adopted have had any influence in causing this, and could the medical gentlemen also who treated the other cases have fallen into error by too early purgation? That was a query, the possible answer to which troubled me at the time, which the sequel, however, dispersed. This fear was increased by the fact of the nurse, in reply to a question, informing me that a "heaped" teaspoonful of oil had been given, her reasoning being, that if the doctor thought half a teaspoonful would act beneficially, surely double the dose would act doubly so.

I asked and obtained the consent of the parents, who were evidently alive to the necessity of discovering the cause of such grief-giving mortality among their children, to make a post-mortem examination, the results of which, made fourteen hours after death, were as follow:—The body, limbs, finger- and toe-nails, face, head, neck, and conjunctivæ, were of a strongly-marked yellow colour; the conjunctivæ had slight punctated ecchymoses dotting its surface; on the dependent parts of the body post-mortem ecchymoses were seen; the lungs were healthy in texture, right atelectatic, left fully expanded; heart firmly contracted, with a small post-mortem, yellow-coloured clot in the left ventricle entangled among the columnæ carneæ; foramen ovale still patent, but admirably fitted by the Eustachian valve; liver was large and congested; while the other abdominal viscera seemed healthy—the duodenum containing no bile, the stomach about half an ounce of glairy mucus, and the bladder only about half a drachm of urine. Thinking it better to remove the liver and appendages for a future and more critical examination, I did so by applying two ligatures, slightly separated from one another, at the pyloric end of the stomach, between which I severed the bowel, then repeated this process between the duodenum and the rest of the small intestine, in order to preserve the relation of parts, and ascertain truly the condition of the biliary ducts. I then tied the portal vein and lower vena cava, and cut on the distal side of the liver, did the same with the vessels leaving that organ, and then carefully removed it. It weighed thus approximately four and a half ounces. The umbilical vein was still patent. I then made a careful dissection of the parts removed, tracing the common duct to its partial insertion into the gall-bladder as the cystic duct—as well as the right and left hepatic ducts—and its ending into the duodenum. After exposing the duct completely, I held it between myself and strong sunlight, when by careful expression I sent the bile, of which there was a quantity in the gall-bladder, into the duct, and at a certain point—a few lines from its duodenal insertion—it evidently met with resistance, because beyond that spot it would not pass, and that after many attempts. This part of the duct was easily discernible to be constricted, and would barely admit a bottle-brush bristle. The left hepatic duct, too, seemed to split up into fibrous threads.

The interesting question arises here—Could this rare lesion have also obtained in the case of the four others? Another interesting query may be put—Can it be that the lesion has lessened in force and severity during the succession of births previous to the last? The first three died within a week, the fourth lived three weeks, and the fifth is still alive. The rapidity of death in the last case, however, would point to an exaggerated return of the lesion. That catarrh was not the cause of the lesion is abundantly proved by the absence of the post-mortem appearances denoting it, and consequently purgative treatment had no part in its causation. The patient, besides, might have been tided over a longer period if the treatment directed to the skin had proved effectual; and I should be much inclined, in a case with a threatened similar condition, to assist the action of the skin from a very short period after birth.

Icterus neonatorum is a disease which is frequently met with by the general practitioner, and is generally looked upon by him as one easy in its diagnosis, simple in its treatment, while its prognosis is generally the reverse of being a bad one. It is a disease, too, which varies much in its degree of severity, some children merely showing a trace of yellow colour, while others, again, may be deeply tinged; all, however, generally recovering in the course of a few days. Leishman, at p. 708 of the second edition of his "System of Midwifery," says it is "one of the most common affections" of children, and that we may "look upon the phenomenon in question without the slightest apprehension." That the liver may be somewhat sluggish in its action after the birth of a child is to be expected, from the change which it undergoes in its blood-supply—about two-thirds less after birth than before it,—and from the alteration in the blood-currents; while the yellowness of the conjunctivæ, subcutaneous cellular tissue and skin, and the whiteness of the stools subsequent to the free expulsion of the meconium, point not only to there being a distinct analogy existing between this disease and jaundice of a more advanced age, but to a stable unity in the two affections.

On looking into the literature of the subject, I can find few cases of death resulting from this disease, with a con-

genital lesion actually ascertained to be the cause of it. But if the reader will trouble himself, he will, by referring to the authorities under mentioned, find cases *in extenso*, at which, for want of space, I can only glance cursorily. In the *Medical Press and Circular*, Sept. 9th, 1868, will be found a paper by Dr. Waring-Curran, relating a case in which jaundice was caused by the rocognised presence of a congenital lesion—spasmodic stricture,—though not causing death, which resulted from a head injury. In the *Medical Times and Gazette*, vol. iv., 1876, p. 292, will be found the summary of a case reported by Dr. Konrad Lotze in the *Berliner Klinische Wochenschrift*, No. 30: diagnosis—congenital malformation of liver-ducts, verified by necropsy. The author seems to think the lesion to have arisen from "some arrest in the hollowing-out of the primitively solid cylinders from which the ducts are developed." Murchison cites a case from the *Northern Journal of Medicine* in which the obstruction was caused by "an indurated cord-like plug of inspissated bile," and also mentions a case reported by Lieutaud in which the obstruction was a gall-stone; while he himself, in the second edition of his Lectures on Liver Diseases, at p. 375, recites the particulars of a case in which jaundice was the cause of death, accompanied by *epistaxis* and extravasation of blood beneath the skin. The lesion found on necropsy was obliteration of the common duct, with evidences of peri-hepatitis. In the Pathological Transactions, vol. xiii., p. 119, Dr. Wilks gives particulars of a case in which there was total obliteration of ducts and gall-bladder. Dr. Binz, of Bonn, in Virchow's *Archiv*, vol. xxxv., 1866, p. 360, gives an account of some cases as follows:—The first two cases occurred in children of the same family, and the lesion was obliteration of the ducts, but in each case there was a gall-bladder. In the third case there was found peri-hepatitis with nearly complete obliteration of gall-ducts. These cases occurred in his own experience, and he knows of only three others similar: the first from Virchow's Collected Works, p. 858; the second from the Clinical Observations of Romberg and Hennoch, p. 138, in which there was rudimentary gall-bladder and no trace of *gallengange;* and the third from an old Berlin dissertation by J. Donop (De Ictero Speciatim Neonatorum, 1828), in which the common duct was obliterated in its whole length. In the *British and Foreign Medico-Chirurgical Review*, vol. i. 1867, p. 483, Dr. Sedgwick, in a paper on the Influence of Age on Hereditary Diseases, says that Dr. West knew of a family in which the mother lost three out of four children in succession through fatal icterus: the lesion in the first and third being malformation of biliary ducts; that in the second was not looked for. In the *Medical Times and Gazette*, vol. ii. 1862, p. 521, a Liverpool surgeon relates the particulars of another fatal case—lesion not ascertained; and in the *Glasgow Medical Journal* for January, 1866, Dr. Bell notes a similar case, accompanied by severe purpura, in which the child died, but in which no necropsy was made. I have also heard of two other fatal cases of this disease, in which the severity and early onset, progress and result, would point to a congenital liver lesion. These, then, constitute all the published cases on which I can lay my hands, and it will be noted that they are comparatively few, the lesion, by inference, being also somewhat rare.

(To be concluded.)

CASE OF

MEASLES COMPLICATED WITH CROUP;

TRACHEOTOMY, FOLLOWED BY DEATH FIFTEEN DAYS AFTER FROM HÆMORRHAGE.

BY H. ROYES BELL, F.R.C.S.,

SURGEON TO KING'S COLLEGE HOSPITAL.

THE notes of this case were kindly given to me by Dr. Andrew Brown, of Kentish-town, under whose care the patient was, and who called me in to see the child. Dr. Brown says:—"On October 29th I was requested to see E. B——, a little boy aged seven years, and found him covered with measles on the second day of the eruption, the only thing unusual in the case being the croupiness of his cough. The measles went through their usual course, but the croupy symptoms did not abate with the decline of the disease. In the middle of the night of Nov. 2nd he jumped out of bed, and rushed down stairs in his night-dress. The room next to his bedroom had been freshly papered and whitewashed, and both the windows as well as the door were wide open, so that the landing and stairs were very cold. From this time his paroxysms of cough and difficult breathing became more frequent and severe. On Sunday, Nov. 4th, six days after I had first seen him, his breathing was so difficult and the paroxysms of suffocation so frequent that I proposed a consultation, as I considered his life to be in such imminent peril that tracheotomy would alone give him any chance."

Dr. Brown therefore requested me to see the patient with him without delay. Accordingly I visited the boy in the afternoon, and found him sitting up in his cot; his face was pale and anxious; lips very blue; his head thrown back; the veins of his neck distended; he was grasping the iron side railings of his cot with both his hands; the sterno-mastoid muscles were standing out prominently on either side of the trachea, which was moving backwards and forwards convulsively; he was breathing very rapidly, with a croupy noise, and the alæ of his nostrils rose and fell at each respiration. No false membrane was to be seen, and there was no difficulty in swallowing. His chest was working vigorously, his distress seemed to be most urgent, and it was evident that unless some aid to respiration were artificially afforded him he would soon succumb.

Having made our preparations, we had the boy placed on a suitable table, and, having arranged the light so that we could see as well as possible, Dr. Brown gave him a few whiffs of chloroform, just sufficient to quiet him. I then made an incision in the middle line over the trachea, and proceeded to open the trachea below the isthmus of the thyroid body. I dissected down, dividing the fascia covering the sterno-hyoid and thyroid muscles, scratched through that between the muscles, and, using the flat handle of my knife, rendered evident the rings of the trachea both to the sight and touch. The chloroform had been suspended since the first cut with the knife. At this stage of the proceeding the child ceased to breathe. I therefore passed the tenaculum into the upper part of the wound, well into the trachea, which I requested Dr. Brown to hold firmly forwards for me. This he did. I then plunged my knife into the trachea, and, having divided two or three rings, thrust my little finger, as I make a point of doing, into the opening so made. The finger judges of the size of the opening, prevents blood from entering, and serves as the best possible guide, in my opinion, on which to direct the tube. The split portion of the tube was then passed into the trachea, and the inner portion slipped within it. There had been remarkably little hæmorrhage from the first. Artificial respiration was now performed by Dr. Brown and myself, the father holding the child's legs and wiping away a quantity of thick and very viscid mucus which appeared in the tube as soon as we began the artificial respiration after Silvester's method. Our efforts were soon rewarded by the red colour returning to the patient's lips, and the muscles of respiration beginning to act. The boy began to cough, and was soon out of danger of immediate death. The tube was tied in securely, and instructions given to the person nursing him to keep the tube clear. There was some slight surgical emphysema round the wound, but of this we took no notice, and it had disappeared before the next visit.

When I saw the patient next day, twenty-four hours after the operation, his condition had much improved; he had had sleep, and had taken food. There was a good deal of cough, owing to the presence of the tube, and mucus, due to his bronchitis; and the respiration was still rapid.

I next saw him fourteen days later (on Nov. 18th), in consultation with Dr. Brown, when I removed the tube, and blocked the wound by holding a piece of sponge over it. We were obliged to replace the tube, as the distress of breathing returned, and became worse the longer the tube was kept out. Having washed the split portion of the instrument, I introduced it into the trachea without any trouble, Dr. Brown replaced the inner tube, and we left the boy in comfort. The tube used was that introduced to the profession by Dr. Fuller.

On Tuesday, Nov. 20th, I received the unwelcome intimation that the boy had died suddenly from hæmorrhage the evening before (Nov. 19th), at seven o'clock—viz., on the fifteenth day. I called the next day to obtain particulars, and from the account given it appears that the boy was doing remarkably well up to the time of his being seized with the bleeding, which came on suddenly and apparently

from some large artery, as from the description the bleeding was profuse and of a bright arterial colour. The only warning given was some mucus tinged with blood which had been coughed up an hour or two before the boy's death. I ought to add that all through his illness the bronchitis had continued, with free secretion from the bronchial tubes and rapidity of breathing. I am sorry to say that my best powers of persuasion were used in vain to obtain a post-mortem examination, so that the case is unavoidably incomplete; but my theory is that the bleeding was caused by ulceration of the trachea and innominate artery, due to the pressure and movement of the lower end of the tracheotomy tube. The movement of the tube was excessive in this case, owing to the bronchitis. The external wound was in a very satisfactory condition, being surrounded by a large quantity of healthy granulating material, and there was no sign of ulceration about it.

I regret my failure to obtain a post-mortem examination, but my case bears a strong resemblance to one under the care of Mr. John Wood many years ago. The specimen is in King's College Museum, and shows an ulcerated opening passing through the trachea into the innominate artery, caused by the end of the tracheotomy tube, which was of silver, and similar to the one used by myself.

In considering the best means of avoiding the accident which befel my case, we have to consider the nature and position of the operation, and the mode of keeping the artificial opening in the trachea patent. In children I am in the habit of performing the low operation; and as this boy's neck was long and thin, it seemed to be a case where bleeding need not have been anticipated. Mr. Morrant Baker has ably advocated the use of india-rubber tracheotomy tubes, and has frankly stated their advantages and disadvantages. If india-rubber tubes are to be used, it is as well not to defer their use too long; and, having seen Mr. Baker's recommendation of these tubes, I had thought of changing the silver for an india-rubber tube, but, finding the case apparently doing well, I was contented to leave it alone. I have thought the particulars of the case worthy of a place in THE LANCET, as it is instructive in pointing out an accident which possibly is more common than is generally supposed.

Harley-street.

POISONING FROM THE EXTERNAL APPLICATION OF TOBACCO.

BY WILLIAM O'NEILL, M.D., M.R.C.P. LOND.,
HONORARY PHYSICIAN TO THE LINCOLN LUNATIC HOSPITAL.

ON the 18th November I was sent for to see Mrs. A——, an old patient of mine, aged about forty years, a farmer's wife, who it was represented was bleeding profusely from wounds in the leg caused by her accidentally hitting it against a sewing machine. The patient suffers from varicose veins, and as a support and protection wears elastic stockings; but on this morning she had omitted to put them on, consequently the knock took effect on the congested leg, and two or three slight wounds and some hæmorrhage were the result. When I reached the house, which is some distance from the city, the bleeding had been stopped about half an hour, but the symptoms the patient presented were most alarming, and apparently warranted the opinion expressed by some of those about her that she was dying. She had fainted, I was told, and had with difficulty been revived by draughts of brandy and water. She now seemed to be extremely prostrated, having a pulse scarcely to be felt, and a pale, cold skin, wet with profuse clammy perspiration. The pupils of the eyes were dilated, and in a faint whisper she complained of dimness of sight, of dizziness, and of confusion of thought. The patient suffered from severe pain in the abdomen, and from constant nausea and vomiting.

Believing that a slight loss of blood could not cause in a robust woman these formidable symptoms, I deemed it necessary, although at the risk of a fresh outbreak of bleeding, to remove the bandages, and examine the leg; and, having done this, I found what explained the symptoms—a handful of chopped wet tobacco firmly pressed on the wounds, which were deeply stained by it. The skin around the wounds was also stained by the tobacco, but in a slighter degree. I now learned that on a few previous occasions, to stop slight bleeding, the patient had applied "pinches" of tobacco, but, although she had felt rather unwell after each application, she never connected the indisposition with the tobacco.

The tobacco was immediately removed, the limb well cleansed, stimulants were given, and a mixture containing strychnia, which, according to the Rev. Professor Haughton, is the true antidote for tobacco. Under this treatment Mrs. A—— gradually improved, but several days had elapsed before she had quite recovered.

The symptoms of poisoning in this case were well marked, and are worthy of note when the mode of the introduction of the poison into the system and the rarity of such a mode of introduction are taken into consideration. So rare, indeed, is poisoning from the application of tobacco to a wound, or to the abraded or broken skin, that, in looking into the volumes of THE LANCET for the last seventeen years, I find only one or two instances of it. Indeed tobacco-poisoning, of sufficient intensity to come under medical observation, is of somewhat rare occurrence, and this is rather strange when the very general use of the plant in one way or another is considered. In this part of the country it appears that tobacco is occasionally used as a domestic remedy for stopping bleeding. In the case under consideration the hæmorrhage was arrested; but, as tobacco does not contain any astringent substance, the handful of chopped leaves acted, in all probability, merely as a compress, or as a means of entangling the blood, and thus allowing it to coagulate on escaping from the injured vessels.

The urgent symptoms in this case very soon set in, for I saw the patient about three-quarters of an hour after the application of the tobacco, and yet she had fainted in the interval. Absorption therefore must have been rapid, nearly as rapid as if the tobacco-juice had been subcutaneously injected. Doubtless the woman would have soon succumbed had not the cause of the poisoning been quickly discovered. As I stood by the patient, I could not help thinking that, had she died without medical assistance, her death, in all probability, would have been attributed to the loss of blood, and not to poison. In this instance, as in so many other cases, the saddle would not have been put on the right horse, for neither the patient herself, who applied the tobacco, nor those who were with her and assisted her, suspected for a moment that her death was being brought about by the remedy which in Mrs. A——'s case was worse than the disease.

Lincoln.

A CASE OF POTT'S FRACTURE;

FOLLOWED BY THROMBOSIS OF POSTERIOR TIBIAL VEIN, AND DEATH FROM EMBOLISM OF THE PULMONARY ARTERY.

BY F. A. SOUTHAM, M.A., F.R.C.S.,
RESIDENT SURGICAL OFFICER, MANCHESTER ROYAL INFIRMARY.

WILLIAM S——, aged sixty years, a strong, well-built man of active habits, and who had always enjoyed good health, was admitted into the Manchester Royal Infirmary under the care of Mr. Heath, on December 6th, suffering from Pott's fracture of the left leg, which he had sustained in stepping out of a railway carriage. The fibula was broken about two inches and a half from its lower extremity; the foot was dislocated outwards; there was no fracture of the internal malleolus, which projected prominently beneath the skin, the tissues over it being very tense and much discoloured.

Under chloroform the dislocation was readily reduced, and a Dupuytren's splint, with a foot-piece for the sole of the foot, was applied to the inner side of the leg. On the morning of Dec. 23rd, seventeen days after the receipt of the injury, having up to this time progressed very favourably without a single bad symptom or complication of any kind, while engaged in writing a letter as he sat up in bed, he was seized, without any warning whatever, with sudden loss of consciousness, pallor of face, and extreme feebleness of pulse, the pen dropping from his hand and the head falling back. Stimulants were administered and heat applied over the region of the heart. Under this treatment there was a partial return of consciousness, and the pulse

became stronger, but in the course of a few minutes the breathing, which had become very feeble and gasping, with lividity of the face, altogether ceased, and death ensued apparently from a combination of syncope and asphyxia.

Autopsy, twenty-four hours after death.—Brain perfectly healthy. Heart considerably hypertrophied, especially left ventricle, weighing eighteen ounces, somewhat fatty on exterior; no evidence of any valvular disease; right side and both venæ cavæ distended with dark fluid blood, and free from clots. Lungs: Traces of emphysema present, both much congested, especially the left lower lobe. Left pulmonary artery completely blocked by a dark-red, firm, but somewhat friable coagulum of uniform appearance and consistence, which commenced about half an inch on the proximal side of its bifurcation, and was continued on into the lower of its two divisions for nearly an inch; there was no clot in its upper division nor in the right pulmonary artery. Kidneys showed signs of slight commencing granular degeneration. Left leg: The tissues over the inner ankle were considerably thickened, being infiltrated with extravasated blood in process of absorption. The posterior tibial vein (the more internal of the two venæ comites) was filled with a dark-red firm blood-clot, which extended from the ankle to its termination in the popliteal vein. The lower portion of the thrombus was somewhat softer than the upper, and appeared to be partially adherent to the walls of the vein, which, however, showed no signs of inflammation, being merely a little thickened, feeling like a cord when pressed between the fingers. The upper two-thirds was firmer and of a darker colour, lying loose in the vessel, and entirely unconnected with its walls, which appeared to be perfectly healthy. The accompanying vena comes and both saphena veins were quite flaccid and free from thrombus, as also the popliteal, femoral, iliac, and inferior vena cava.

Remarks.—Thrombosis of the veins in the immediate neighbourhood of a fracture, independently of any actual wound of the vein itself, in all probability not unfrequently occurs as the result of the bruising to which the soft parts surrounding the ends of the bones are subjected, the extravasated blood and infiltration of the tissues compressing the veins, and, as a consequence, causing stasis and coagulation of the blood within their walls. In the present instance this condition, which was confined to one of the posterior tibial veins, commenced probably at the ankle (the tissues over the internal malleolus having been severely bruised at the time of the accident), and thence extended along the course of the vessel as far as its termination in the popliteal vein. Here the process appears to have been arrested by the current of blood, and the thrombus probably terminated in a somewhat conical end of considerable size, which, projecting into the popliteal vein, was, after a time, broken off by the stream of blood, and carried through the heart to the left pulmonary artery, where it was suddenly arrested and found impacted after death. The uniform appearance and consistence of the clot, without indication of any central nucleus, along with the absence of any premonitory symptoms of cardiac or pulmonary obstruction, also point to the fact that the embolus had entirely originated in the popliteal vein, and indicate that when arrested it had suddenly so adapted itself to the shape of the vessel as to at once completely occlude it without giving time for any secondary thrombosis to take place. The absence of the ordinary symptoms of thrombosis—e.g., pain, œdema of the limb, &c.—would, of course, be accounted for by the small size of the obstructed vessel, its deep situation, and by the free maintenance of the venous circulation through the saphenæ, anterior tibial, and accompanying posterior tibial veins.

Complications of fractures such as this do not fortunately often occur, but Dr. H. Tomkins, late house-surgeon here, tells me that a similar accident happened to a patient in the hospital at the commencement of last year. In this case the patient, a woman aged sixty-five years, suffering from a simple fracture of the fibula, died very suddenly on the sixteenth day after the receipt of the injury—without any premonitory symptoms whatever—with well-marked symptoms of asphyxia. On post-mortem examination the heart and other organs were found to be in all respects quite healthy, but an embolus, about two inches in length, was found completely blocking up the right pulmonary artery.

Unfortunately, no examination was made of the condition of the veins of the injured limb, but, in the absence of any other apparent origin for the embolus, it is not improbable that, as in the case I have described above, it became detached from a thrombus which had formed in one of the veins in the immediate neighbourhood of the fractured bone.

HYDATID DISEASE IN AUSTRALIA.

BY DAVID THOMAS, M.D., L.R.C.P.

IT is well known that Australia presents an extraordinary prevalence of hydatid disease, but, as far as I know, no definite statistics have been published to illustrate the fact. Consequently, some months ago, with the kind assistance of the Hon. W. Morgan, the present Chief Secretary of South Australia, I endeavoured to procure reports from the Governments of Victoria, New South Wales, Queensland, New Zealand, Tasmania, and Western Australia, upon this question. Unfortunately, the mode of registration of the

TABLE OF DEATHS RETURNED AS BEING DUE TO HYDATID DISEASE IN THE PROVINCE OF VICTORIA DURING THE TEN YEARS 1867–77.

Year.	Liver.	Lungs and pleura.	Brain and spinal cord.	Heart and Pericardium.	Kidney.	Spleen.	Pancreas.	Omentum.	Ovary.	Womb. (?)	Abdominal cavity.	Situate? or not recorded.	More than one organ invaded.	Total annual deaths.
1868	17	5	—	1	—	—	—	—	—	—	2	7	1 (*a*)	33
1869	6	8	1	—	—	—	1	—	—	—	2	1	3 (*b*)	22
1870	10	2	1	—	—	—	—	—	—	—	—	4	—	17
1871	4	6	1	—	—	1	—	—	—	1	—	1	1 (*c*)	15
1872	19	3	1	1	—	—	—	—	—	—	2	2	1 (*d*)	29
1873	17	3	2	—	—	—	—	—	—	—	—	2	5 (*e*)	29
1874	21	10	1	—	—	—	1	—	—	—	—	6	2 (*f*)	41
1875	29	7	—	2	—	1	—	—	1	—	3	2	2 (*g*)	47
1876	23	1	—	—	2	—	—	—	—	—	1	4	5 (*h*)	36
1877	20	8	—	1	—	1	—	1	—	—	3	2	2 (*i*)	38
Totals ...	166	53	7	5	2	3	2	1	1	1 (?)	13	31	22	307 in 10 years.

(*a*) Lungs and kidneys. (*b*) In two instances liver and lungs; in the third case liver and brain. (*c*) Lungs and liver. (*d*) Lungs and abdominal cavity. (*e*) In three cases liver and lungs; in one kidney and abdomen; in another liver, lungs, omentum. (*f*) Liver and lungs. (*g*) One liver and lungs; the second case lungs and heart. (*h*) Three cases liver and lungs; one liver and kidneys. (*i*) Liver and lungs.

causes of death in most of these colonies was such as prevented the necessary replies being supplied. However, it appears that in Tasmania no deaths were returned from this disease in the ten years 1867–77. During the greater part of the same period no separate classification of hydatid disease had been adopted in New South Wales; but in 1875 four deaths were attributed to hydatids; in 1876, eleven were so returned. In Victoria, however, the record of deaths from this cause is far more complete, and I append a table based upon the returns from that colony.

One case, in which hydatid of the kidney was present, accompanied by malignant disease of bladder, with stricture, was not returned as a case of hydatid causing death.

During the decade 1867–77, 2·5 per 1000 deaths were due to hydatid disease. In 183 out of the 307 cases the liver was either solely or conjointly with other organs the seat of disease. Holding the second place in frequency come the lungs in 71 cases—i. e., 53 simple and 18 complicated.

Adelaide, South Australia.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

MR. HUTCHINSON'S CLINIQUE.

FOR the following running notes of some cases lately introduced at Mr. Hutchinson's clinique, we are indebted to Mr. Frederick Treves, F.R.C.S., surgical registrar.

1. *A case of urticaria.*—The patient is a man of twenty-five, who states that he has a "skin disease," and that the eruption appeared only three days ago. It is necessary first to determine the definite form of this skin affection, and then to endeavour to ascertain its cause or its individual peculiarity. The eruption occurs freely on the arms and legs, is less profuse on the trunk, and is evidently a form of urticaria. Has the rash any distinctive characters to mark it? On that point it can only be said that the "wheals" are less noticeable in this case than they are in a typical case of common nettle-rash, and that in typical nettle-rash, on stretching the skin of the affected part, the red elements of the eruption not only entirely disappear, but are replaced by a distinct white counterpart, so that on the stretched skin is seen the eruption faintly but perfectly figured in white instead of in red. In the present patient this feature is scarcely noticeable, but in spite of that there is no obvious reason why this should not be an ordinary case of common nettle-rash. The patient now volunteers the statement that he has the "bad disorder." The statement is vague in the extreme, but before requiring from him a more definite history, its very vagueness may be made a means of suggesting a diagnosis. If the disorder he refers to be gonorrhœa, and the patient be taking copaiba, the rash might be due simply to the well-known action of that drug in occasionally producing urticaria. But suppose the disorder proves to be syphilis, may this rash be syphilitic?

With regard to syphilitic eruptions, let it always be held in mind that there is no one particular form of skin disease to which one can point and say this is always syphilitic. Syphilis has, strictly speaking, no skin disease of its own. Syphilis when it displays itself upon the skin appears there as an imitator—an imitator of the greatest subtlety, capable of representing any form of cutaneous eruption. Syphilis produces an eruption of the skin so like that of variola that over and over again has its true nature been mistaken, and, for a time at least, undiscovered. It imitates the rash of measles, the features of psoriasis, the peculiar action of lupus, and, indeed, the peculiarities of all forms of skin disease. It rarely, however, imitates urticaria, and still more rarely herpes.

On examination, it is found that the patient has gonorrhœa, and that he is taking copaiba. On the frenum preputii, however, is a small scar, and he states that he had a sore in that situation a year or so ago, and that this sore was followed by a "breaking out" on the skin. An examination of his throat reveals nothing positive. A history of syphilis is, however, at least suggested. An examination of the rash reveals nothing that will render the diagnosis certain; treatment, therefore, is postponed, for some days at least, except the negative treatment of discontinuing the administration of copaiba. If in a little while the rash passes off, the case may safely be taken to be one of common nettle-rash, most probably due to copaiba or to some error in diet. If it does not fade in a day or so, the suggestion of syphilis will be rendered more prominent, and the action of specific remedies might be tried.

2. *Syphilitic ulceration of the tongue.* — This patient is a soldier's wife, aged forty-one. She has an ulcer on her tongue, and has been told it is cancer. The tongue being protruded, there is noticed on its left edge a very distinct ulcerating surface, about equal in extent to the surface of a shilling. The ulcer is prominent, raised up, its edges elaborately defined, and its base nearly clean. It presents, however, no exuberant granulations, no warty growths, no clear eversion of its edges. On closer inspection, it is most important to observe that the diseased part is really composed of two ulcers, very close together it is true, but still quite distinct from one another; and on pinching up the part between the finger and thumb, the base of each ulcer is felt to be very thick and very hard, and although so close as almost to be touching, still it is possible to clearly make out that there are two indurated parts, not one. She has had this ulcer for five years. She has a distinct history of syphilis. She has some decayed teeth, presenting sharp and rough projections on the same side of the mouth as the seat of disease. There are no enlarged glands under the jaw. The diagnosis of tertiary syphilitic ulcer proceeding from gummata is based, among other points, upon the following, which are selected as affording elements for contrast with epithelial carcinoma: The patient has scarcely reached what might be termed the cancerous age. The ulcer has existed for five years without affecting the glands—a prolonged immunity not to be expected in carcinoma. Above all, there are two ulcers side by side, and evidently having a separate individuality. This is rare in epithelial carcinoma; rare to find, either side by side or less closely connected, two points of origin of malignant growth. Moreover, on feeling the surface of the tongue, the finger encounters here and there a little hard mass about the size of a pea—each one a gumma; and it is hardly necessary to say that one would scarcely find masses of epithelioma dotted about the organ with this pathological generosity. Finally, although this affection is simple enough thus far, it is proper the patient should be warned that it is certainly possible for it to become in the course of time a malignant ulcer, if she neglects its treatment. This warning is given for these reasons:—It is very common, especially about this part, to meet with undoubted carcinomatous ulcers that have emerged from, or have been grafted upon, as it were, long neglected syphilitic sores. Not that there is a structural connexion between the two, or any necessary pathological sequence, but simply because the ulcer has been a cause of prolonged local irritation. This woman is nearing the age when cancer is most frequent. If she neglects treatment, allows the raw surface on her tongue to be constantly irritated by the adjacent teeth, it would be no matter of surprise if the sore should assume sooner or later a malignant aspect, and the glands become involved. If such an event should happen, it would be justifiable to regard this present state as a pre-cancerous period of cancer, so to speak. This pre-cancerous period in the life history of malignant disease is very often indeed to be observed, and is of the greatest moment in influencing early treatment in the removal of sources of local irritation. A middle-aged man came to the hospital a few days ago with a huge mass of ulcerating carcinoma under his jaw. This mass had grown there within the last few months. On his lip was a trivial little pimple, and near it an equally trivial scar. Without especial examination of the lip this little spot would have been overlooked. The patient, however, stated on inquiry that this insignificant little spot had been there for no less a time than ten years; that it was worse at some times than at others; that he would now and then pick it, when it would probably bleed; that it was very sore at times; that he had smoked a great deal, using clay pipes. Had this little spot, really terrible in its insignificance, been examined a few

years ago it would not have merited the name of cancer, yet it very truly represented the pre-cancerous period of the malignant disease from which the patient now suffers.

3. *An abnormal vein.*—This was observed in a healthy, well-developed lad of sixteen. A congenital "port-wine" mark extended over nearly the whole of the right thigh and leg, ending somewhat abruptly at the groin. From the region of the right saphenous opening a large superficial vein, about the thickness of the adult thumb, extended in a perfect arch across the abdomen, just clearing the hair upon the pubes, to a corresponding point below the left groin. A very distinct vein in the position of the circumflex iliac vein entered the abnormal vessel on the right side. The blood-current was demonstrated to pass from the right side to the left. This vein was congenital. It may, no doubt, be considered to depend upon congenital defect of the right external or common iliac veins, and is of peculiar interest when the congenital defect of the superficial capillaries on the right side is considered.

RADCLIFFE INFIRMARY, OXFORD.

UNUSUAL FORM OF EPILEPSY; FAILURE OF MEDICINE; GRADUAL SPONTANEOUS RECOVERY.

(Under the care of Dr. TUCKWELL.)

THE following case is worthy of publication on account of the great number of fits which were crowded into a short space of time. A girl lying in the next bed to this patient, and having nothing to do, made it her duty and pleasure to register, by pricking on a card, each fit, of which notice was struck by a short and peculiar cry at the end of the attack. From April 15th to May 10th eight hundred fits were counted and many more omitted. The patient kept going off like a repeating rifle, so that, for those who love new phrases, the term "repeating" or "revolving" epilepsy may be suggested. Bromide of potassium and chloral were pushed to the full, but failed altogether. At length recovery followed of itself.

A. H——, aged sixteen, was admitted on April 14th, 1875. She stated that about six months ago she had first begun to have fits, and for about three months had had as many as from twenty to thirty every day. She had then kept well for three months. Two nights before admission they began again, and she had had as many as eleven the next day, and eight on the morning of admission. She had never menstruated.

On April 15th a fit was observed by Dr. Rayne: "Onset quite sudden; eyeballs turned upwards and to right; pupils widely dilated; both corners of mouth depressed; hands clenched, and arms jerked about in all directions, right more than left; legs unaffected; fit passes off with a cry and a few sighs." Another fit observed by Dr. Rayne: "Sudden onset; muscles of face first affected, and especially of eyelids and angles of mouth, which are drawn in various directions; eyeballs again directed upwards and to right; pupils dilated; head and right arm thrown about convulsively in all directions; left arm quiet; the convulsions cease gradually, and a few jerks continue after the recovery of consciousness; there is a cry at the last, and a few sighs; feeling of faintness and frontal headache follow the fit, but there is no sleep." In all, twenty-six fits yesterday. Pulse 80, regular; tongue very foul; temperature 98°. She was ordered to take ten grains of chloral every three hours.

16th.—Had had thirty-two fits yesterday. Ordered to discontinue chloral and take twenty grains of potassium bromide three times a day.

17th.—Had had thirty-six fits yesterday. Fit observed by Dr. Tuckwell during the visit, the symptoms being detailed in order of occurrence. Eyeballs turned upward and to right; great and equal dilatation of pupils. Corners of mouth drawn forcibly downwards, right more than left. Head drawn back. Right arm jerked violently (so as to bruise it) to and from the side; slight jerking of left arm and twitching of hand. Foaming of mouth. Total duration of fit, one minute and fifteen seconds.

18th.—Had had forty fits yesterday, but had slept well at night. Ordered to take thirty grains of bromide every four hours.

19th.—Had had forty-three fits yesterday. Bromide to be increased to forty grains every three hours.

22nd.—Had had a hundred and fifteen fits in the past three days. The pulse was regular, 90 in the minute. The tongue was very foul, not bitten. She had taken food well. The bowels had acted daily, and the urine had been passed naturally.

23rd.—Had had fifty-six fits yesterday. Ordered to take twenty grains of chloral every four hours.

24th.—After the first chloral draught, taken at 3 P.M. yesterday, she had been quieter, and had only had three fits till 7 P.M., when she took a second draught. Soon after this she was attacked with several severe fits in succession. She had then slept fairly all night. She had taken a third draught, on waking this morning, and had then had fits and short sleeps alternately. The last fit was seen by Dr. Tuckwell at the visit; it was much the same as before, but the head was rolled from side to side, and there was at one time slight opisthotonos.

25th.—Had had many fits yesterday. After the evening draught (she had taken, in all, eighty grains of chloral yesterday) the fits had come on very frequently and severely, so that they could not be counted. A fit seen this morning began in the same way, but became more general, the whole trunk and both arms being jerked about with violence, and lasted more than two minutes. Ordered to stop all medicine.

From April 26th to May 9th she had had three hundred and ninety fits. She had lain in a very prostrate state, with a tongue very foully coated; pulse ranging from 90 to 100; taking food well, but no stimulants. The bowels had acted, and the urine had been passed naturally.

May 10th.—Had only seven fits yesterday.

11th.—Had only seven fits.

12th.—Had no fit.

From this time forth the fits stopped. She was left in the infirmary, under observation, till May 31st, and was then discharged "cured." She was watched for two months, and remained quite well. She had not, however, menstruated.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

The Diagnosis and Treatment of Ruptured Bladder.

THE ordinary meeting of this Society was held on Feb. 25th; Dr. C. West, President, in the chair. The evening was occupied with an interesting discussion upon the diagnosis and treatment of rupture of the bladder, based upon a paper communicated by Mr. Heath.

The following is an abstract of the paper on the Diagnosis and Treatment of Ruptured Bladder, by Mr. CHRISTOPHER HEATH:—The author narrated a case from his own practice, in which rupture of the bladder had occurred forty hours before the patient came under his notice, and in which the lesion was diagnosed principally from the tense condition of the abdomen, from the fact that a catheter, on entering the bladder, drew off clear urine, but, on passing further, gave exit to bloody urine, which ebbed and flowed as the patient breathed, and that warm water injected through the catheter was felt in the groins and abdomen by the patient. Under ether the abdomen was opened, and the opening in the bladder closed with a continuous catgut suture. A catheter was tied in, and gave exit to clear urine till the fifth day, when it became bloody, and symptoms of peritonitis developed, the patient dying just six days after the accident. At the post-mortem examination the lower part of the bladder-wound was found open. Reference was made to Mr. Willett's case, in which a similar proceeding was adopted with a fatal result, and four recorded cases of recovery after rupture of the bladder into the peritoneum were then discussed. They were: 1, Mr. Chaldecott's case, treated by catheterism only; 2, Dr. Walter's case, treated by abdominal section for the removal of the urine; 3, Dr. Thorp's case, treated by catheterism of the peritoneum and washing out; 4, Dr. Mason's case, treated by lateral lithotomy. Having regard to the great difficulty of closing the bladder with stitches, which had now been tried in two cases without success, the author

recommended in future cases a trial of the catheterism and washing out of the peritoneum as practised by Dr. Thorp, reserving lateral lithotomy for cases in which the rent in the bladder could not be reached with the catheter.—Mr. BRYANT said the paper was a valuable contribution to the special treatment of rupture of the bladder, associated or not with fracture of the pelvis. He agreed that if any good were to be expected from washing out the peritoneal cavity, it would be only where the operation was done very early after the injury, before any peritonitis had set in. Two things had to be done—viz., to find an outlet for the escape of the urine extravasated into the peritoneal cavity, and, secondly, to provide for the continuous evacuation of urine from the bladder. The first object was met by laparotomy, but the second would be far better attained by cystotomy through the perineum, as in lateral lithotomy. Mr. Heath's procedure of washing out the peritoneum was of value so far as it went, but it could only be in exceptional circumstances that a catheter could be passed through the urethra into the bladder and on through the rent in the bladder into the peritoneum. When this could be done it was an important step, and Mr. Bryant had seen three cases in which the peritoneal cavity was thus emptied of irritating urine. But, save in a few cases, to do this would require much harmful manipulation, and Mr. Heath would probably concur that it would not be wise to search too long for the rent, a search all the more difficult because it had to be made in the contracted bladder. The most important point being to give free vent to the contents of the bladder, a simple incision through the perineum would best effect this, and would allow of the natural closure of the rent in the wall. A case of lacerated wound of the bladder came under his care not long ago. It was a case of a boy of thirteen, who, becoming impaled on a railing-spike, which entered the right side of the perineum in front of the tuberosity, and, as the boy fell backwards, the rectum and base of the bladder were extensively lacerated. Mr. Bryant saw him at once, and, in addition to the injury to the soft parts, found a lacerated wound in the rectum, through which he could introduce a finger into the bladder. He made a free section into the bladder through the prostate, and thus allowed an escape for urine, to which he believed the lad's eventual recovery was due. This was a case of laceration of the bladder at its base, but in cases of rupture of the bladder with fracture of pelvis, where the anterior part was mostly involved, Mr. Bryant thought more active measures than were customary should be taken. In a case of fractured pelvis and lacerated urethra, where Mr. Bryant only made a free incision into the perineum, no urine escaped, and it was necessary to tap the bladder afterwards per rectum. On the patient's death the urethra was found to be torn completely across, the two portions being separated by at least two inches, and a large cavity containing urine had formed beneath the pelvic fascia. It would have been better to have extended the perineal incision into the bladder. He had post-mortem records of two similar cases, and he urged, therefore, that when the surgeon failed to give free enough vent by perineal section, he should greatly extend his incision; and whether the rupture be in the posterior or anterior part of the bladder, the principle was the same. He suggested that Mr. Heath's plan of washing out the peritoneum might be better effected after cystotomy had been performed.—Mr. WILLETT could not agree that Mr. Heath's case was so discouraging, or that the practice employed should be prohibited in future. For forty-eight hours after operation the case did well, until the lower part of the vesical wound re-opened, just as in his own case. He contrasted these results with the early history of ovariotomy, and believed that, as in that operation, so here, increased experience would rectify errors and lead to better results. Laparotomy for ruptured bladder he did not think at all more hazardous than ovariotomy in cases of suppurating cyst. The extreme fatality of rupture of the bladder when left alone, or treated only by catheterism, was well known. Stephen Smith records eighty cases and only two recoveries. Catheterism cannot remove blood-clots. He did not see any advantage of cystotomy over laparotomy in cases of complete rupture (i.e., involving the peritoneum), but in injuries of the anterior part of the bladder, where there might be some doubt as to any peritoneal lesion, cystotomy might be useful. At the same time such cases (e.g., Dr. Erskine's) did just as well when treated by simple catheterism. Mr. Willett concluded by saying that he should repeat laparotomy in a similar case, taking especial care in closing the wound in the bladder.—Sir JOSEPH FAYRER related the case of a non-commissioned officer in India, about forty-five years of age, who lacerated the bladder extensively by becoming impaled on a large bamboo. Although the peritoneum must have been torn he recovered, and some time afterwards Sir Joseph had to operate on him for stone.—Mr. PAGE referred to two cases recorded in the *Edinburgh Medical Journal* of two years ago, by Dr. McDougall, of Carlisle. The first was that of a farmer, who was run over by a cart when his bladder was full. Constant catheterism and washing out of the bladder, and the free use of opium, led to recovery in three weeks' time. There was good reason to believe that in this case the peritoneum was wounded, an opinion held by both Dr. McDougall and Dr. Page. The second case, complicated by fractured pelvis, was successfully treated on two occasions by aspiration of blood from the peritoneal cavity, opium, and constant catheterism. It has been remarked how very tolerant of urine the peritoneum is, and a case under Mr. Rivington's care, at the London Hospital, when he (Mr. Page) was registrar, showed this very well; and that very tolerance would lead the surgeon to defer laparotomy, which, however, to be successful, must be done early. His father, Dr. Page, of Carlisle, was firmly of the opinion that cases treated by catheterism, washing out, and opium, do recover.—Mr. RIVINGTON believed the case referred to by Mr. Page was one of laceration of bladder and separation of the pubic symphysis. He did not perform any heroic operation, nor did he think it advisable to enter the bladder through the contused tissues of the perineum. The patient lived six days, and for some time the symptoms abated, so that on the fifth day he was able to hold his urine. The symptoms returned, and he died. A rent was found at the upper and posterior part of the bladder, which had become closed by the adhesion of a coil of intestine, and a large quantity of urine was free in the peritoneal cavity. An objection to sewing up the bladder in these cases lay in the fact that the wound was not a single clean cut wound, but a ragged rent; and he rather leaned to Mr. Bryant's method. It was due to Dr. Blundell to state that some years ago he advocated opening the abdomen in cases of ruptured bladder, drawing up the viscus, and after washing it out with warm water, passing a ligature round the rent. Mr. Rivington was very sceptical as to Dr. Thorp's case, and urged that all cases incompletely described should be regarded with scepticism.—Mr. HOLMES differed from the conclusion arrived at by Mr. Bryant, that the result of the cases of Messrs. Willett and Heath proved the unjustifiability of the operation. On the other hand, they seemed to be very encouraging for the repetition of this operation, if performed at a very early period. In both cases the fatal issue was distinctly due to the giving way of sutures, so that neither could be quoted against the probable efficacy of the operation. He could not understand why the urine would flow out of the perineal wound rather than through the rent in the bladder into the perineum; and if the cystotomy wound at any time closed it would determine the escape of urine into the peritoneum. But Mr. Bryant wished to supplement his proposal of cystotomy by the practice of washing out the peritoneum from above by a catheter introduced into the bladder. When the great extent of the peritoneum is considered it would seem impossible thoroughly to wash this out. He believed that when the wound in the bladder could be closed by sutures the chance of recovery was much heightened, and Mr. Heath's case showed the great improvement that took place until fresh extravasation ensued. Mr. Holmes then related the case of a man who for the first thirty-six hours after injury presented no symptoms of rupture of the bladder except retention of urine, and who suffered so little that he walked to the hospital, but in a short time died from peritonitis, and a large rent was found in the bladder, and a quantity of urine in the peritoneal cavity.—Mr. MORRIS asked whether there were any certain means of diagnosis between a rupture of the bladder into the peritoneum and an extra-peritoneal rupture, for upon that depended the choice between laparotomy and cystotomy. If a man sustains rupture of the bladder the inference is that the bladder is moderately distended at the time of the rupture, and the peritoneum consequently injured. In such a case laparotomy should be preferred, but in a case where the peritoneum was free from injury perineal section would be better.—Mr. H. MARSH agreed with Messrs. Willett and Holmes in being encouraged by these cases in favour of the operation, and he could not understand how Mr. Heath had concluded

against it. It certainly seemed impossible that clots could be emptied from the peritoneum by washing out the cavity through the bladder, and the importance of completely cleansing the cavity was recognised by every ovariotomist. Both Mr. Heath's and Mr. Willett's cases failed from a very obvious cause—namely, that in each the operator had not sewn up the bladder securely. The mere operation of opening the abdomen would, he was sure, come to be regarded as less and less dangerous. Great importance, however, attached to free drainage.—The PRESIDENT pointed out that the operation of laparatomy for ruptured bladder could not well be compared with ovariotomy, where the peritoneum is thoroughly cleansed, with no fear that further exudation will take place into it. In both the cases the failure of the sutures was due possibly to the wound being a lacerated one. He would like to know what the objections were to the form of operation suggested by Mr. Bryant.—Mr. HEATH, in reply, said he did not exclude cystotomy, which indeed he held to be advisable when the peritoneum cannot be otherwise catheterised. It was most essential to wash out the peritoneum, and if this could not be done through a catheter in urethra and bladder, then it must be through the cystotomy wound. The question of diagnosis was extremely difficult. If this patient had not died, one of his (Mr. Heath's) colleagues would have remained sceptical as to the case being one of complete rupture. The points relied on by Mr. Heath were: (1) passage of catheter for its whole length, and its perfect freedom at its extremity; (2) the passage of clear urine on first introducing the catheter, and then of bloody fluid; (3) the impossibility of distending the bladder on injecting water. This he looked on as of most value, and pointed to another case where, in a few minutes, a great sense of distension was complained of, proving that the viscus was not torn. The yielding of the suture in his case was due probably to the fact that it was a catgut suture, which he had perhaps cut off too close to the knot. He believed the peritoneum could be effectually washed out through the rent in the bladder, for in that way the whole peritoneal sac could be distended with water. He did not mean to say that he should not repeat the operation, but wished to enforce the fact that the unaided surgeon had far better rely upon free washing out and catheterism than attempt to treat a case of ruptured bladder by cystotomy or abdominal section. He could conceive of a cystotomy being done and attended with fatal result in a case where there was no rupture at all.

CLINICAL SOCIETY OF LONDON.

Rheumatoid Arthritis.—Obstruction of Intestine by Fibrinous Exudation.—Laparotomy in Case of Obstruction of Intestine by Stricture of Sigmoid.

THE ordinary meeting of this Society was held on the 14th February; Dr. Greenhow, President, in the chair. A considerable portion of the time was occupied in the reading and discussion of a paper by Dr. Ord, dealing with the etiology of rheumatoid arthritis. The subject of intestinal obstruction was dealt with in two papers—one on a most rare instance of blocking of the bowel by fibrinous exudation, by Dr. Skerritt, of Bristol; the other a case in which the abdomen was opened, and an artificial anus made successfully, the case being one of malignant stricture of the sigmoid. This was related by Mr. Howard Marsh. The subject is to be resumed at the next meeting.

Dr. DOUGLAS POWELL showed a patient suffering from Leprosy, with enlarged lymphatic glands. In the course of the evening the President nominated Drs. Cayley, Duckworth, and R. Liveing to form a committee to report on this case.

Dr. CROCKER showed a remarkable case of General Warty Growths in a boy about twelve years of age.

Dr. W. M. ORD read a paper on Rheumatoid Arthritis from a Clinical Point of View. Thirty-three cases of that form of rheumatoid arthritis, which has been called by Haygarth "Nodosity of the Joints," and by Heberden "Digitorum Nodi," were analysed. All had occurred in women, and in all disturbances of the menstrual function, or disorders involving hyperæmia of the uterus and its appendages, were present. By the term "nodosity of the joints" was understood a symmetrical affection of many joints, chiefly of the hands, the affected joints becoming enlarged at their periphery, loosened by loss of surface, and ultimately much distorted; the smaller joints being first affected, and extension taking place in a symmetrically progressive way from these to the larger joints. The subjects belonged in large proportion to the middle classes, and were mostly between thirty and forty years of age. Several of them were distinctly passing through the climacteric period of life. Although many were anæmic, amenorrhœa did not exist in any. Dysmenorrhœa was noted in fourteen, half of which had also menorrhagia. Of the remainder, several had menorrhagia simply, four had it in conjunction with ovaritis, and others in conjunction with the change of life or with tumours. The relation of the arthritis brought out by the cases was, first, its commencement in conjunction with menstrual disturbance; secondly, its paroxysmal exacerbation during, before, or after menstrual periods; thirdly, its cessation as an active or progressive mischief on the cessation of the menstrual disorder; fourthly, its alternation with cerebral disturbance of an hysterical kind. Some cases were more fully detailed:—1. A case in which intense affection of the upper extremities was noted, in conjunction with severe dysmenorrhœa and menorrhagia. When constitutional treatment and the measures usually applied to the control of the rheumatic process had failed, the uterine conditions were treated successfully, with the result that the arthritis, as an active process, ceased, leaving, of course, the nodosity, but a painless nodosity. 2. Two cases in which the arthritis began at the climacteric period in combination with painless menorrhagia, and ceased as an active process on the final disappearance of the catamenia. In one the first attack occurred at a time when the catamenia, having been absent a whole year, returned in unusual excess; when the joints lost all inflammation and pain during a subsequent interval, but became severely inflamed, greatly swollen and painful during several subsequent menorrhagic periods. 3. A case in which a woman suffering from polyarticular arthritis at the climacteric period, the arthritis undergoing little remission in the intervals between the menstrual flow, developed somewhat suddenly hysterical mania. On the establishment of the mania the arthritis became perfectly quiescent, and remained so till the restoration of sanity. Sanity having returned, the arthritis resumed its progress. In this instance the excitement propagated from the uterine organs, instead of undergoing reflexion from the cord, was, as it were, refracted through the cord to the higher centres. The arguments founded upon these cases were, first, that there was good evidence to show the connexion of this form of polyarticular arthritis with the uterine hyperæmia. It was argued, further, that the incitation to the arthritis was conveyed by the nervous system in a reflex way. In support of this view it was advanced that certain lesions of the central nervous system were known to be capable of producing trophic changes in joints, identical with those of chronic rheumatoid arthritis; that urinary paraplegia was an evidence of the possibility that a paralysing influence might be reflected; that therefore it was reasonable to suppose that trophic influence should be reflected, and that the mode of association of the arthritis and the uterine disorder favoured the idea of a nervous nexus, and the idea of this consisting in reflex action through the cord. The gonorrhœal and urethral arthritis of men were compared with the affections under the consideration, and it was pointed out that the parts concerned with two cases were homologous parts. It was lastly argued that the local morbid process present in these cases was the same as that existing in non-articular arthritis, in traumatic and other surgical arthritis, in gonorrhœal and urethral arthritis, in joints affected by morbid deposits and morbid growths, in certain cases after true rheumatism, and in all cases coming under the head of rheumatoid arthritis; and that the term "rheumatoid arthritis" insufficiently covered the variety of clinical aspects of the joint affection; that therefore it was desirable to limit or annul the use of the word "rheumatoid," and apply before the word "arthritis" some qualifying term descriptive in each case of the supposed clinical association. Ricord's term "blenorrhagic arthritis," as opposed to the term "urethral rheumatism," was quoted as an instance of such application.—Mr. BARWELL, preferring the term "arthritis deformans" to "rheumatoid arthritis" for a disease which had nothing to do with rheumatism, could not admit the dependence of this affection upon uterine disorders. The changes in the

joints were most characteristic; the cartilage becoming fibrillated and degenerate, and dendritic growth spreading downwards into the bone, which comes to assume a worm-eaten appearance, whilst new ossific deposit occurs in the structures around the joint; and he could hardly think all these changes could be dependent upon uterine disorders. For himself, he should rather regard the increase in the joint affection at the menstrual periods to be due to the exacerbations of local disease which surgeons are accustomed to see in women at these times. Moreover this particular disease is quite as prevalent in men as in women.—Dr. GLOVER did not think Dr. Ord had laid sufficient stress upon the diathetic history of his cases, nor had he indicated the therapeutical measures he had found most useful. He himself had found quinine a very effectual remedy. As to the etiology of such cases, he thought they bore some relation to nerve-shocks, and was quite sure there was some connexion between the joint affection and uterine discharges.—Dr. MAHOMED said that rheumatoid arthritis was a distinct entity, capable of transmission from parent to child, and therefore as distinctly hereditary as gout or rheumatism. But the disease was neither gout nor rheumatism, and one marked feature of it was the existence of a high-pressure pulse. This at once separates it from chronic rheumatism, where the pulse is usually soft and compressible. Gouty people during their attacks have a pulse of high pressure.—Mr. BRYANT was disposed to regard the cases described by Dr. Ord as allied to gout, whereas the disease which Mr. Barwell had sketched out was that termed "osteo-arthritis," which has very little to do with either rheumatism or gout. He had failed to recognise in Dr. Ord's cases the characters of osteo-arthritis. He should say that, as a rule, the majority of cases (of this disease) were met with in male subjects, and when met with in females it was at an advanced age.—Dr. GREENFIELD had arrived independently at similar conclusions to Dr. Ord, and felt convinced of the association between uterine disorders and the joint affections in question. But there was no precise unanimity as to what is meant by rheumatoid arthritis, some describing it as chronic rheumatic arthritis, others as osteo-arthritis. The chronic osteo-arthritis of the hip is a different affection from the general affection now under notice, where the joints are symmetrically affected and in a definite order. Such cases in his experience were far more frequent in women. He could recall cases in which there was a marked clinical relation between leucorrhœal discharge, or other uterine disturbance, and the joint affection, which in males might be associated with spermatorrhœa. The increase and abatement of the articular swelling *pari passu* with the aggravation or improvement in the disorder of the genito-urinary tract was more than a coincidence. He knew of the case of a young man, twenty-five years of age, who had long been subject to seminal discharges and evidence of irritation about the prostatic urethra, who gets all the joints of his hands and feet affected whenever the spermatorrhœa is excessive. The recognition of some connexion between the two was of importance in treatment. Dr. Greenfield could hardly accept the neuropathic theory advanced by Dr. Ord, but believed the arthritis to be allied in its pathology to that met with in "gonorrhœal rheumatism, "blenorrhagic rheumatism," &c.,—that it was, in fact, due to the absorption of septic or irritating matters by the urethral or vesical mucous membrane in the male, or by the urethra and vagina in the female. As to treatment, active measures were certainly powerless when applied to the joint affection only; and certainly more benefit was derived by attention to the local conditions.—Dr. DYCE DUCKWORTH could not doubt that Dr. Ord's cases were true examples of osteo-arthritis, a subject to which the paper added much that was worthy of careful consideration. He had himself met with no facts sufficient to warrant the view of the hereditary nature of the disease. He had met with it amongst women at the climacteric period, especially those of broken health, who had borne large families. Still he had seen typical cases in much younger subjects—e.g., at the age of fourteen or fifteen years. In cases of true osteo-arthritis the fingers are drawn to the ulnar side.—Dr. ORD, in reply, said that the large ground over which he had to travel made it impossible for him to take up all the points within the allotted time. He remarked that two of his principal critics had viewed the subject from a purely surgical standpoint; and their opinions had not been shared in by those who were physicians. This difference in view no doubt depended on the different class of cases coming before the surgeon and physician respectively. The essential changes in the affected joints, to which Mr. Barwell had alluded, consisted in a process of waste of cartilage and of underlying bone, with overgrowth of periosteum, cartilage, and synovial structures at the periphery of the joint. Such changes produced a tendency to laxity of the joint and spontaneous dislocations, with, in the case of the hand, adduction of the fingers on the metacarpus. These changes were precisely paralleled by those described by Charcot in the affected joints of the subjects of locomotor ataxy. Authorities differ as to the sexual liability: thus Haygarth asserts that women are chiefly affected, Adams that men are most subject to the disease; but the one deals with a "polyarticular" affection, the other with a "monarticular." Trousseau asserts its greater frequency among women of the better classes; Follin and Duplay describe "arthrite sèche" as being chiefly met with in men of the poorer classes. It was obvious that these writers must be speaking of different affections. There was no clear evidence of an underlying diathesis, and, with Dr. Duckworth, he objected to admit that it was a hereditary disease. He could pass no opinion as to the value of arterial tension in discriminating these cases. In all his cases he had failed to find uratic deposits, and had thereby excluded gout. Dr. Greenfield's observations agreed with his own, but there was a difference between their views as to the ultimate pathology of this disease. He thought there was more ground in favour of neurotic influence than of septic, and this he based on the knowledge of joint affections in cases of lesion of the central nervous system and on the occurrence of reflex paraplegia. Might not a joint affection be produced in a reflex manner by those parts of the spinal cord being stimulated which especially govern the nutrition of joints?

Dr. MARKHAM SKERRITT, of Clifton, read notes of a case of Obstruction of the Intestine by Fibrinous Exudation, which had come under his care at the Bristol General Hospital. He also exhibited the specimen from the case. A young man, aged nineteen, previously in perfect health, on the 11th of last May felt slight abdominal pain, and was afterwards very sick. There were no febrile symptoms. Next day he suffered from vomiting and diarrhœa; after this vomiting continued, but there was no action of the bowels. On admission, a week after the onset of the attack, there were practically no acute symptoms, except frequent bilious vomiting. The skin was cool; the pulse 80, large, regular, and rather soft; the tongue almost clean; the abdomen moderately distended and almost free from pain and tenderness. An enema of three pints was given without difficulty, but with no result. Opium and hot fomentations were ordered. Next day some dulness in the flanks, changing with the patient's position, was noted. On the following day the patient sank rapidly and died. The temperature throughout was subnormal. At the post-mortem examination the ileum, about a foot above the valve, was found to dip down into the pelvis, so as to form a loop, which was much contracted, intensely inflamed on its peritoneal surface, solid to the feel, much like a firm umbilical cord, and its canal was here completely blocked by a solid fibrinous cast four inches long, firmly attached to the mucous membrane, and tailing off at either end as a ragged coating of a part only of the inner wall of the intestine. This loop of gut bounded anteriorly an irregular cavity containing fæces, and partially lined with false membrane, into which the vermiform appendix was found to open. No foreign body was discovered. There was no fluid in the peritoneal cavity. The two points raised by Dr. Markham Skerritt in commenting on this case were—first, the pathological condition; and, second, the data for diagnosis. Inflammation, marked by the formation of a fibrinous false membrane, was met with in the intestine in various conditions; but no other case had been found on record in which the intestine was completely plugged with the exudation. It was probable that such a condition could occur only when the inflammation was so intense as to cause stasis of the fæces; for otherwise the movements of the intestinal walls and the flow of fæces would interfere with the continued deposit of the exudation, and hence in dysentery, where diarrhœa was marked, no very thick layer of false membrane was formed. In this case probably ulceration of the vermiform appendix occurred first, followed by its perforation and extension of inflammation throughout the small intestine, slight at first, corresponding with the period of diarrhœa, and then more intense, causing cessation of peristaltic action and consequent constipation. The inflammation took on the croupous type,

and complete blocking of the intestine was the result. The absence of fluid from the peritoneal cavity was worthy of note; and the physical signs might be explained on the theory that each individual coil of intestine in contact with the flanks presented to the percussing fingers in one position a greater quantity of fæces, in another a larger proportion of gas. As to the data for diagnosis, the sudden onset of symptoms was in favour of the presence of one of the causes of acute intestinal obstruction. But the preliminary diarrhœa which preceded constipation accorded only with the history of enteritis simply, in which a mild inflammation accompanied by diarrhœa was succeeded by a more severe implication of the gut, causing cessation of peristaltic action, and consequent constipation. But beyond this there was practically no positive evidence of enteritis except bilious vomiting; all the other ordinary acute symptoms of this condition were absent. Notwithstanding this, a diagnosis of simple enteritis was made, founded upon an experience in which it had been the exception for acute abdominal inflammations to be accompanied by urgent symptoms. And yet this latency of symptoms was held to be of some positive value in diagnosis, as indicating the absence of any suddenly-induced mechanical cause of obstruction, relievable, it might be, by timely operation. The following conclusions were derived from an experience which, probably, had been somewhat exceptional: 1st. That an entire absence of acute symptoms might co-exist with an intense local inflammation of the abdomen. 2nd. That if in a case of apparent intestinal obstruction urgent symptoms were in abeyance, it was in favour of the view that the condition was either non-acute, or, if acute, was not to be relieved by operation.

Mr. HOWARD MARSH read notes of a case of Acute Intestinal Obstruction, in which the abdomen was opened, a stricture of the sigmoid flexure found, and a false anus established in the linea alba, the patient recovering. The patient, a woman of forty, had on her admission into St. Batholomew's Hospital, under Mr. Marsh, on October 15th, been suffering with acute intestinal obstruction, with frequent sickness and abdominal distension, for eight days. She had previously considered herself well, and had experienced no trouble in the action of her bowels; no hernia, intussusception, or other causes of obstruction, could be detected. The colon, which was distended, could be traced through the umbilical and left lumbar regions. The patient, on her admisson, was found to be in a very exhausted condition, with a feeble pulse of 120, and a relaxed and clammy skin. During a consultation on the case some of the hospital staff advised that, since the colon could be felt to be distended, colotomy should be performed. Others, believing that the sudden manner in which the symptoms of acute obstruction had come on in a person who had apparently been previously healthy, indicated some form of internal strangulation which, if unrelieved, might lead to gangrene of the intestine, recommended that the abdominal cavity should be explored. The latter operation was at once performed. An incision was made below the umbilicus in the linea alba, and the intestine, starting with the coil, which presented in the wound, was turned towards the left iliac fossa, each successive piece of the gut being returned as soon as it had been examined, and before another loop was drawn out. While this was being done a stricture of malignant character was detected in the middle of the sigmoid flexure. The intestine just above the stricture was fastened by numerous closely-placed sutures to the wound in the linea alba, and a false anus was established in this situation. The operation was found to be very easy, and was speedily completed. The patient made a good recovery, and left the hospital at the end of about two months. In his remarks Mr. Marsh very strongly insisted on the importance of operating in cases of intestinal obstruction, when the diagnosis can be established, before peritonitis and other local changes have ensued. He alluded to the large percentage of cases of ovariotomy in which the abdominal cavity is safely opened, and asked whether it could be more dangerous to open the abdomen, and divide a constricting band or release an internal strangulation, than it was to remove a large tumour, which was perhaps extensively adherent to the omentum, the intestines, or the uterus? He believed a great future was in store for the surgical treatment of intestinal obstruction, and that the operation, if performed early and with due care, and in cases in which a clear diagnosis could be made, would prove at least as successful as ovariotomy.—Mr. BRYANT congratulated Mr. Marsh upon the successful issue of his case. He did not gather whether the earlier symptoms or history of the case pointed in favour of an acute or of a chronic obstruction. If there were facts pointing to the latter, the chances were that the obstruction was colic, and could have been dealt with by a colotomy in the right loin rather than by laparotomy. He strongly endorsed Mr. Marsh's observations with respect to the propriety of early operative interference in these cases.—Mr. BARWELL would have preferred colotomy in the case, but, at the same time, Mr. Marsh's operation had been attended with equally good results. He also urged the importance of early surgical interference in these case, where the "expectant treatment" could only be disastrous.—Mr. GOULD asked why Mr. Marsh did not remove the diseased portion of the gut, seeing that it was malignant in nature and only limited to the coats of the intestine.—Mr. MARSH, in reply, said that time did not permit him to dwell on all the points suggested by the case. Certainly the onset of symptoms was acute. The relative merits of colotomy and laparotomy were discussed in a consultation on the case before the latter operation was decided on. Some were in favour of the one, others of the other operation, the ultimate decision being taken because of the obscurity of the case, and the possibility of volvulus being the cause of obstruction. The position of the false anus in front of the abdomen was quite as convenient in the loin, if not more so. He was aware that Billroth had recorded a case in which he had removed a portion of bowel, the seat of malignant disease, much as in this case, and had then united the divided portions of bowel by sutures. In the present case the great exhaustion of the patient prevented him from prolonging the operation so far as to excise the diseased portion of bowel.

Reviews and Notices of Books.

Clinical Lectures on Diseases of Bone. By C. MACNAMARA, F.C.U., Surgeon to the Westminster Hospital, &c. pp. 291. London: Macmillan and Co. 1878.

IN the twelve short lectures comprising this volume we must not look for a thorough and complete consideration of diseases of bone; for they are clinical lectures delivered to students in the ordinary course of hospital instruction, their aim being to make use of the cases actually under observation at the time to enforce the main truths of practical importance, while also endeavouring to give a simple and intelligible view of the pathology of the various diseases. It is, then, as a clinical work that it is to be judged, and, viewed as such, all who read it attentively must be struck with the freshness marking the lectures; old ruts are left without any sacrifice of usefulness, and the practical instruction conveyed is very sound. Mr. Macnamara is evidently an observant surgeon, depending more upon his own experience than the writings of others for his knowledge, and unwilling to be led by mere authority from any line of practice that he has found useful. The pathology differs in some points from that usually taught, and some would therefore be inclined to condemn it at once, but in many points we believe it to be an advance upon that currently held. Probably Mr. Macnamara thought that a fuller treatment of this part of the subject would have spoiled his work as clinical lectures, and we feel that in its present form it has the advantage of making the reader think for himself, when a fuller discussion might have prevented any such effort.

We have only space to notice a few of the points we marked on reading the work. The chapter on Epiphysitis deals with a form of disease but little if at all recognised, and Mr. Macnamara has done good service in calling attention to such an important subject. Tubercular disease of bone is held to be a constitutional affection, and the author urges that the pathological distinctions between it and chronic inflammation are the absence of true suppuration and the development of new

bone around the foci of disease. We cannot think this sufficient. Inflammatory products may become cheesy and soften down, and the existence or not of thickened bone may well be held to depend upon the stage of the disease rather than upon its nature. Can we apply this test to the lungs, and say that induration always shows chronic inflammation, while its absence proves the softening and breaking down of tissue to be tubercular? For the treatment of intractable cases of this disease drainage of the bone is recommended. The lecture on Syphilitic Disease of Bone is, perhaps, the best of the twelve, but we cannot understand why Mr. Macnamara should state so confidently that when the new tissue is fully ossified it *cannot* be absorbed. Bony callus disappears, the alveolar processes of the jaws are removed; and if his statement is true, it is something beyond the mere fact of ossification that prevents the absorption of the neoplasia. The author has made observations on the bones of insane patients, and has failed to find any peculiar brittleness or other special pathological change in them, and he holds that fractures are due to just the same causes in the insane as in the sane. We are glad that he urges his students to try to obtain union of intracapsular fractures of the femur; we believe that this is now the teaching of most practical surgeons who have carefully and patiently treated these cases. The best piece of pathological writing in the book is that dealing with the usually obscure subject of osteo-sarcoma; it is very simple and clear. It only remains to state that the book is brought out well; the paper, printing, and binding are excellent.

Dangers to Health. A Pictorial Guide to Domestic Sanitary Defects. By T. PRIDGIN TEALE, M.A., Surgeon to the General Infirmary of Leeds. London: J. and A. Churchill. Leeds: Charles Goodall. 1878.

IT may seem strange that a busy consulting surgeon should find time and have the inclination to write on sanitary defects in houses, and to give a very copious and effective pictorial illustration of almost every conceivable defect of the sort. But it is not so strange as it seems. Surgeons have had good reason to find out that their success depends on good hygienic conditions as much as, if not more than, that of the physician. Surgery will compare creditably with medicine in the practical value of its contributions to sanitation. We are already indebted to one distinguished surgeon for demonstrating some of the finer ways in which air may be the medium of disaster in surgical cases. The book we are now noticing lays us under obligation to another for its illustration of the grosser ways in which the air of our houses is poisoned from faults and defects in their construction, and in the construction of those drains and sewers which give us relation to our neighbours and our neighbours to us, whether we or they like it or not. Mr. Teale tells us very simply how he was led, by discovering and rectifying numerous defects in his own house and property, and by studying the results of such alterations on the health of the inmates, to be impressed with the scandalous carelessness and gross dishonesty in drain-work, and to become indignantly alive to the fact that very few houses are fit to live in. He regards a third, at least, of the incidental illness of the kingdom, much childbed illness, and some of the fatal results of surgical operations in hospitals and private houses as the direct result of drainage defects. It is no wonder, then, that Mr. Teale, being an earnest man, should come to the determination no longer to leave the exposure of these evils to architects and builders merely—the chief culprits,—but to undertake the task himself. The result is a book which every householder, and every medical man especially, should possess.

Not only the structure of houses and of drains and sewers, but the foundations of dwellings, the ventilation of rooms and of carriages, together with means for the exclusion of air impurities, are all duly considered. The great virtue of the book is its graphic pictures, and the fact that they represent defects actually seen by Mr. Teale or by friends on whose description he can rely. Fine qualities of drawing have been disregarded so as to give plainness and prominence to the points sought to be illustrated. Most medical men have been led, like Mr. Teale, to a study of the sanitary conditions of their own house, but few will read this book without being more impressed than ever with the necessity of studying also the sanitary condition of their patients' houses, as important factors in the production of their diseases, whether zymotic, catarrhal, or otherwise. Mr. Teale gives various instances in which diseases, such as erysipelas, typhoid, diarrhœa, ill-health, sore-throats, ailments of children, &c., have been found in connexion with drainage defects, and have been eradicated by their removal. The book is a most valuable and practical one, for which we thank the author. If we could suggest any improvement, it would be to add still further, in the subsequent editions, to the medical and clinical facts found to be associated with house defects, which have never been so vividly shown as by Mr. Teale.

OUR LIBRARY TABLE.

Transactions of the Pathological Society of London. Vol. 29. London: Printed for the Society by J. E. Adlard. 1878.—This volume is as full of matter as its predecessors. It would not be possible to indicate the numerous observations of new facts which find their place here, nor would it be necessary, seeing that our columns have afforded regularly the opportunity for their due recording. It will suffice to point out that the subject of lymphadenoma and allied affections is especially treated here in a fairly exhaustive survey of its pathological features in contributions from Drs. Greenfield, Gowers, Goodhart, and others. Mr. Lister's paper on Lactic Fermentation will be read with interest by those who were present at his admirable exposition of the subject. Amongst subjects most exhaustively treated are two on dermatological matters in the "Anatomy of Dysidrosis," by Dr. Tilbury Fox and Dr. Crocker; "Hypertrophic Lupus," by Dr. Sangster; and they may be cited here because it is not often that cutaneous pathology is illustrated in these Transactions.

Bulletins et Mémoires de la Société Médicale des Hôpitaux de Paris, 1877. Paris: P. Asselin. 1878.—This is the fourteenth volume of the second series of one of the oldest established medical societies of Paris—"the Medical Society of the Hospitals." One great feature in its work is the publication of quarterly returns of prevalent diseases in the hospitals. These returns for 1877 are published in the volume before us, which contains also the record of the various meetings and discussions at the Society during that year. The chief subject discussed was that of the cold bath treatment of typhoid fever, which was attacked vigorously and vivaciously by Dr. Michel Péter in a speech lasting over four meetings, but ably defended by MM. Libermann and Raynaud. A memoir on Sunstroke, by Dr. Lacassagne, is also published in the volume, and should be read in connexion with the discussion above mentioned.

New Commercial Plants. No. 2. By THOMAS CHRISTY, F.L.S. Christy and Co. 1878.—In this part Mr. Christy describes four plants—the Gynocardia odorata, Vogel's African rubber-tree, the Mahwah tree, and cocoa. The seeds of the Gynocardia yield chaulmugra oil, which has long been known and valued in India and China as a remedy for skin diseases, and as a specific for secondary syphilis. In Mauritius it is considered to be the only reliable remedy for leprosy, and it appears to have extraordinary alterative powers in phthisis. Vogel's African rubber-tree, Urostigma Vogelii, is said to yield one of the best kinds of india-

rubber in West Africa, and it is a desirable species for cultivation in the lowlands of Southern India and Ceylon; in Java, Sumatra, Penang, and Siam. The Mahwah tree, Bassia latifolia, growing in Bengal, but abundant in all parts of Central India, has a trunk that furnishes good timber, and yields a gum, and flowers that are succulent and contain an extraordinary amount of sugar. They resemble raisins when dried. The tree grows upon poor stony ground, and never fails to flower—a single tree yielding from 200 lb. to 400 lb. In regard to the Theobroma cacao, it is stated that the nature of the soil is of great importance; the best in the world being obtained from a particular farm in Guatemala. It could be cultivated in Ceylon.

Transactions of the Pathological Society of Philadelphia. Vol. 7. Printed for the Society by J. P. Lippincott and Co. 1878.—These Transactions are based upon the plan first originated by the Pathological Society of London. The volume before us has been carefully edited by Dr. Henry Sims. It contains records of a large number of interesting cases, some of them of rarity, and many of importance from their bearings on practical medicine. Two cases of extra-uterine fœtation, carefully illustrated by drawings, are instances of the latter kind of communication. There is a Morbid Growths Committee in the Philadelphia as in the London Society, and it appears as if activity was greater in the former than in the latter body, for the large majority of the specimens exhibited seem to have been referred to the committee in question.

The Birmingham Medical Review. January, 1879.—The first place in the current number is given to a series of short, but good, reviews. The original communications are a valuable paper on Cerebro-spinal Meningitis by Dr. Russell, the second of the Ingleby Lectures by Mr. Clay, and an account of a Method of Treating Wounds by constantly Moist Antiseptic Sponge-dressing by Mr. Furneaux Jordan.

Staff Map of Zululand and the Transvaal.—Mr. Wyld, the geographer, has produced an excellent staff map of Zululand and the Transvaal. It is clear, and will prove useful in the present concentration of interest on the locality. The positions of the military columns on the 11th of January last are indicated, and will serve as points of departure for the students of the war.

HEALTH OF LARGE ENGLISH TOWNS IN THE EIGHTH WEEK OF 1879.

DURING last week 5194 births and 3616 deaths were registered in twenty of the largest English towns. The births exceeded by 12, and the deaths by 346, the average weekly numbers during 1878. The deaths showed an increase of 58 upon those returned in the previous week, and were equal to an annual rate of 25·6 per 1000, against 28·4 and 25·1 in the two preceding weeks. During the past eight weeks of the current quarter the death-rate in these towns has averaged 27·0 per 1000, against 22·6 and 26·0 in the corresponding periods of 1877 and 1878. The lowest death-rates last week in the twenty towns were 16·6 in Portsmouth, 17·0 in Leicester, 18·4 in Bristol, and 18·5 in Hull. The rates in the other towns ranged upwards to 28·1 in Leeds, 34·7 in Oldham, 36·1 in Liverpool, 39·0 in Salford, and 39·4 in Manchester. It is worthy of note that while the rate of mortality averaged 37·4 in the four Lancashire towns (Liverpool, Manchester, Salford, and Oldham), it did not average more than 24·9 in Leeds, Sheffield, Bradford, and Hull, the four Yorkshire towns dealt with in the Registrar-General's returns. The 386 deaths referred to the seven principal zymotic diseases in the twenty towns last week showed an increase of but 5 upon the low number returned in the previous week; they included 139 from whooping-cough, 99 from scarlet fever, and 38 from fever, principally enteric. The annual death-rate from these seven diseases again averaged 2·6 per 1000 in the twenty towns, which is very considerably below the average; it ranged from 0·4 and 0·5 in Hull and Bristol to 4·4 and 5·2 in Salford and Leeds. The fatal cases of scarlet fever were fewer than in any week since the middle of August last, although the disease again showed fatal prevalence in Salford, Sunderland, and Bradford. Whooping-cough was exceptionally fatal in Manchester, Leeds, and Sheffield. Small-pox caused 17 more deaths in London, whereas no death was referred to this disease in any other of the twenty large towns. No death from small-pox has been registered since the middle of November last in the nineteen large provincial towns dealt with in the weekly return, having an estimated aggregate population of more than three and a half millions of people.

THE PLAGUE.

THE latest official news from the infected district of the river Volga represent it as then entirely free from plague. No new cases had occurred apparently for several days, and of the previous cases the last had died. Nevertheless, notwithstanding this favourable account, measures of precaution were being pressed forward more actively than ever, under the direction of the newly-appointed Governor-General Count Loris Melikoff. The sanitary cordon, then incomplete, it was hoped would be completed by 28th February, and a state of siege had been proclaimed within the infected area. Moreover, physicians from various parts of the empire and detachments of the Red Cross Society were being hurried to the spot. Dr. Münch, who has been dispatched to the Lower Volga by the City of Moscow, is accompanied by Dr. Markievitch, and by Dr. Slintchansky, Professor of Pathological Anatomy at the University of Kiev. Dr. Krytow, Professor of the University of Kharkow, has been sent to the infected district by the Red Cross Society.

The different measures which are still being taken in the province of Astrakhan betoken an expectation on the part of the authorities that plague will presently manifest renewed activity, and that it is unlikely it will then be confined within the area of the first outbreak. Tsaritzin, and other towns outside the sanitary cordon, are preparing numerous beds, in isolated hospitals, for the reception of plague patients, should the disease appear in them. The winter is reported to have been the mildest known in the Lower Volga within the memory of man. On the 20th the ice in the stream had broken, and communication was established by boats between the two banks of the river.

The Austro-Hungarian Medical Commission have reached Tsaritsyn, and they were presented to Count Loris Melikoff on February 20th. On their journey eastwards they were received everywhere with marked honour. In Warsaw they were entertained at dinner by the Medical Society, and afterwards were present at a ball given by the Governor-General, Count Kotzebue. The dinner was very brilliant, and the hosts and their guests vied with each other in exchanging compliments in the German, Polish, and Hungarian languages. In Moscow, the Governor-General, Prince Dolgorokow, received the Commission at a dinner given by him in their honour, and in the course of the evening spoke in the warmest terms of the mission which the Commission had undertaken without regard to the risk they ran. Dr. Hirsch responded for the Commission, and dwelt upon the grateful surprise of the Commission at the reception which had been accorded to them. They had feared that their presence in Russia might be regarded as an intrusion, but, so far from this being the case, they had been warmly welcomed as coadjutors in the important and difficult duties which had devolved upon the medical profession in Russia.

A telegraphic report from St. Petersburg, dated Feb. 25th, and founded on a statement in the *Official Messenger*, intimates that a case simulating the Astrakhan disease has come under Professor Botkine's care in St. Petersburg. The case and also all persons who had recently been in communication with the patient have been strictly isolated.

THE LANCET.

LONDON: SATURDAY, MARCH 1, 1879.

THE speech of the Duke of RICHMOND and GORDON on Tuesday night, in presenting the Medical Bill to the House of Lords, shows that the question of amending the Medical Act is practically *in statû quo*. True, the Lord President dilated at length on the subject of the constitution of the Medical Council, and showed that he had mastered not only the composition of that body, but the views of those who wish to see it altered. More than this, he gave a serious undertaking that a Committee of the Commons should be granted to investigate the constitution and working of the present Council, and to consider and report on the views of those who are dissatisfied with it. Both he and the Marquis of RIPON, while admitting the importance of this question, expressed a hope that no "side questions" of this sort would interfere with the progress of the Government Bill for, *inter alia*, compelling the formation of Conjoint Boards, providing for the registration of female and foreign practitioners, and instituting Boards to supervise the education and registration of midwives, &c. &c. His lordship enlarged rather superfluously on the personal and professional respectability and eminence of Sir JAMES PAGET and those who have so laboriously co-operated with him in framing the Conjoint Scheme for England. It is conceded on all hands that nothing could exceed the personal merits of the individuals now composing the Council, and that they, as a whole, both deserve and enjoy the respect of the profession. It is admitted that the representatives of the bodies in England have taken a great amount of trouble, and even exercised some self-sacrifice, in the name of their bodies. But all this granted, the fact remains that the Bill is essentially the same Bill as last year, and refuses to deal with the Medical Council, though eight months have elapsed since the last Bill failed on this very ground; and for a similar time the Executive Committee has been in a state of incubation over a report that was to guide the Government, and to be in time for legislation this year. After all the Duke of RICHMOND'S patience and courtesy in this troublesome business, it seems inconsistent to say that he is not treating the body of the profession very respectfully. The profession says that the gentlemen now composing the Council represent vested interests. His Grace retorts that they are personally eminent, which nobody ever denied. The profession says they have shirked or neglected the question of medical education, which is in so indifferent a state that the rejections at examinations are double what they were. His Grace retorts that the Council have done their work for twenty years remarkably well, giving no facts and ignoring the facts to the contrary. The profession says the essence of medical reform is the creation of a disinterested Council with full powers. His Grace says the essence of medical reform is a Conjoint Scheme, very costly and very complicated, and the composition of the Council which is to regulate it is so unimportant that it may stand over. We submit that the Lord President, unintentionally we are sure, treats the arguments of his opponents, which in this case are the whole body of the profession, with scant respect. Their contention is a most reasonable one. It is that good work cannot be got out of a large interested body representing some superseded institutions and some exploded traditions; and that if the Conjoint Scheme were legalised to-morrow, with such a body to work it, it would be exceedingly unsatisfactory, slow, unequal, and costly. These objections will have to be met by something much more pertinent than the arguments of the Duke of RICHMOND on Tuesday night, or they will block the way of his Bill, as they have done already, and as they blocked the way of that of the Marquis of RIPON. Some astonishment must be excused if the profession wonders how the Duke of RICHMOND should speak so flatteringly of the work of a Council that promised a report to him on its constitution in August or July last, and has not yet ventured to make it. A rebuke would have been more becoming in the circumstances than a eulogy. Besides, it is assuming much to assume that all the provisions of the Lord President's Bill are good and acceptable. Many of them are clearly very doubtful, and as much in need of consideration in the light of further evidence as the constitution of the Council. The Lord President made a point of the extensive practice of some of the eminent members of the Council. The point is a good one. But is it clearly right to go on piling work of an inferior sort on the shoulders of those whose time is so precious to the public? Is the time of Sir JAMES PAGET, Dr. WOOD, or Mr. TEALE of so little worth that they are to be called on to do the work of a Dentists' Council, or a Midwives' Council, as well as a Medical Council? We simply maintain that the work of the Medical Council is undone, and will continue to be for other twenty years, by such legislation, though by some strange infatuation the leaders of the Council seem never so happy as when they are bringing strange work to the office, and more money into the coffers of the Medical Council, regardless of the arrears of their own proper work, and of their already ample income.

The Duke of RICHMOND very properly reminded his hearers in the House of Lords that this is not a party question. It is a grave public question, and one affecting also the medical profession. It is because it is not a party question that the profession has such power of influencing it. The members of the House of Commons will consult no part of their constituents on this question so naturally as the medical members of it, and, if we mistake not, the judgment of medical men in every part of the country will be that it would be a grave error to support a measure pretending to amend the Medical Acts which leaves untouched the Medical Council. We heartily thank his Grace for the offer of a Committee; but let us have its evidence before legislating. If the present Medical Bill were to pass, the Government and the Legislature would be so sick of the subject that they would find no convenient time for dealing with what the Marquis of RIPON is pleased to call a "side question," but which we must insist on regarding as a central one.

A FEELING of relief is awakened by the intelligence that PEACE has encountered his doom, and a career of singular atrocity is at length brought to a close. Society pays the penalty of that insatiable curiosity with which the ferocious offences, and the demeanour in death, of its "great" malefactors are studied and watched. The greed for sensational news is voracious, and seldom has the demand been more abundantly supplied than in "the case" just concluded. There is a phase of the hideous story which has, perhaps, scarcely attracted the attention it merits. What have those who regard the mere development of physico-mental faculties as an all-sufficient safeguard of personal and social morality to say to this instance of misdirected talent?

No one can doubt that CHARLES PEACE was a man of considerable natural ability. His conduct in life, his very crimes, and conspicuously his defence, so-called confessions, and speech on the scaffold, afford convincing proof that he possessed not only a few isolated qualities of mind and sentiment, but no inconsiderable share of that much rarer attribute, common sense. The character of this man does not admit of easy reference to the class of wholly bad natures; still less can it be set down as a simply animal type of development in which certain brutal instincts were uncontrolled by the will. There is positively no evidence that PEACE was impelled by passion or impulse to the commission of any one of his crimes. If his story of the two murders be accurate, it was his hand, not his "head," that failed, and made him kill when he only intended to maim. His will was never for an instant unseated—what he did was done deliberately, as the best thing to do under the circumstances; while his rule of conduct as a burglar was a maxim of prudence and policy never to take life if that extreme measure could be avoided. He evidently took some credit to himself for this abstinence, and the fact that he so regarded his reserve throws interesting light on his nature. PEACE was an accomplished criminal. The skill devoted to his "work" was something widely different from the low cunning so often evinced by lawbreakers, and which is doubtless rightly ascribed to purely animal instincts. Burglary was evidently in the hands of this strange man a craft upon which he lavished the resources of a perfectly healthy and well-balanced mind. He thought it odd that after all his carefulness he should come to be hanged for murder, the crime he had always shunned! To the end he was proud of his profession as a skilled housebreaker, and felt no little chagrin that he should have fallen a victim to accident. He took a keen interest in all that related to his occupation, and followed its contingencies to their issue in a court of justice. He was fond of attending trials, and when he sat watching the condemnation of an innocent man for the crime he had himself committed, he did not, in his own estimation—even to the last—behave as a brute; but besides gratifying his *penchant* for judicial proceedings, simply acted as any prudent man must have done, under the circumstances, to save his own neck. From the court where this scene was enacted he went to the commission of his penultimate grave offence—the murder of Mr. DYSON. That tragedy was not intentional; it seems to have been a misadventure; the object of the visit to Banner-cross having been to procure the withdrawal of the warrant out against PEACE, as he was "tired of being hunted," or, more probably, deemed it prudent to avoid being taken into custody until after the young man who was to die in his stead had been hanged.

We do not desire to linger over these details of the revolting story which has been told and retold, to the public injury, during the last few weeks; but, before the case is forgotten, it is important in the interests of morality to insist that nothing in the personal character or deeds of this man, so far as can be gathered from the narrative of his life, and behaviour before and since condemnation, can be found to illustrate that pitiful hypothesis of excuse—the plea of a weak mind yielding to "temptation." There was no temptation and no yielding in the case of PEACE. He was far too sensible a man to be led away by any false bait. He appraised the market value of what he coveted, counted all the drawbacks, and calmly deliberated as to the "work" he should do, and the best manner of doing it. When he resorted to extreme measures, in self-defence, he observed what he deemed to be sufficient precautions, and anything further was, so far as he was concerned, an accident, as much so as the reverse which may befall a general who has skilfully and thoughtfully planned his campaign. We venture to hope this will be kept clearly in view by the teachers and preachers of morality who elect to "improve" the career and fate of the Banner-cross murderer. The moral of the story is one of the highest moment, and deserves to be very strongly pointed. It is, we think, a case of warning significance. The one, and only one, element wanting in PEACE'S character was that which ought to be present in all—the reverence of Right. Truth and justice were nothing to him except antagonistic powers to be neutralised or circumvented. He played against the agents of justice—as one man may range his skill with the skill of another—and often triumphed, though at the last he was beaten. He played as with an equal, and was proud when he won. The lack of recognition and respect for an authority outside and higher than self is the bane of that philosophy which Science—falsely so called—is doing its best to promulgate. This is a medical question not less than a moral issue. The inter-relations of mind and body are so subtle and intimate that crimes have come to be treated as maladies. Against this pernicious error it is necessary to protest. A healthy organism may be made to produce bad fruit, just as a perfect and highly finished tool may be put to bad uses. Here is an instance of a sound mind-organ fatally misused; and it is important to point out that the evil that has been wrought is not traceable to hereditary or accidental defects of physical development, nor is it to be ascribed to weakness, subserviency, or impressibility. The career of PEACE has been one of vicious specialty throughout, and the keynote of his character was simple egoism, without homage, yearning, or sympathy for the supremacy of any authority above his own will.

THE Army Estimates for the year 1879–80 state the sum which will be required to defray the expense of the medical establishment and services at £266,182, being £9653 in excess of the estimate for last year. But this understates the increase by £9700, the charge for the treatment of lunatics, which has been transferred for the first time from the vote for the Medical Department to that for "non-

effective services"; the actual increase, therefore, is about £19,350. This is chiefly due to two causes—first, the increase of pay to which medical officers become entitled by length of service, which will amount to £10,370; and, secondly, the "pay of civilian medical practitioners (including medical officers on half-pay employed at certain stations) and medical bills," estimated at £9480 in excess of last year. There has been a slight reduction in the amount of pay, due to a decrease of six medical officers, and in the charge for the military staff at Netley; but the latter ought never to have been included as a charge on the Medical Department at all, its services being required for the time-expired men, so injudiciously attached to the great invalid hospital. The increase in the charge for civilian medical practitioners is chiefly on account of those employed in South Africa. At home the excess amounts to £1515, and in the colonies to £7965, the latter, with the exception of £255, being charged against the Cape. The total amount required for medical services at the Cape, Natal, and St. Helena, is estimated at £23,747, of which £9640 is charged to army medical officers, £13,550 to civilian medical practitioners, and £557 to allowances, clerks, and extra-duty-pay of Army Hospital Corps.

The number of medical officers estimated for is five less than last year: one deputy surgeon-general and four of the executive ranks. The distribution, however, is different, there being twenty-five fewer executive officers on the home list, and twenty-one more on the colonial; the reduction of the administrative officer is in Ireland.

We have given this summary of the estimates for the Army Medical Service because they have been laid on the table of the House with the signature of the War Minister; but we believe them to be perfectly illusory. In the first place, judging from the number of medical officers allotted to the Cape, it is clear the document must have been prepared before the intelligence of the recent disaster was received, and the charge estimated for must therefore be entirely wrong. In the second place, it is notorious that a new Warrant, involving considerable additional expense, must be brought out to induce candidates to come forward for the Department. This may be met by a supplemental estimate; but we do not think it creditable to Colonel STANLEY that he should have allowed Parliament to reassemble without being prepared to submit to it an estimate of the increased expenditure necessary to put the Department on a satisfactory footing, and keep it efficient. The requisite information to enable him to frame such an estimate has been before him for some months. The reason why he has so long delayed its preparation he may be able to explain, but we confess our inability to guess. There is a good excuse for the first in the unexpected events at the Cape, but the state of the Army Medical Department has been known and acknowledged long enough for remedial measures to have been decided upon, and yet there is no forecast in the estimates of any change being in preparation.

WE have on former occasions alluded to the subject of "Ladies and Hospital Nursing," which forms the title of an article in the *Contemporary Review* for February, and is from the pen of Mr. WARRINGTON HAWARD. From his connexion with St. George's and the Children's Hospitals, the opinions of the author are, or should be, entitled to great consideration. It is plain that Mr. HAWARD is an enthusiast in lady-nursing, and, as with some of his *confrères*, rides the hobby a little too hard. But the plan that he foreshadows is in every respect practical, and commends itself specially to the attention of hospital administrators, because it condemns emphatically the association of lady-nursing with sisterhoods. However excellent the quality of the former may be, it is pointed out at length that success is almost practically impossible, if such a combination be attempted, because some special phase of religion will be introduced, to the exclusion of all other creeds or shades of doctrine. And, moreover, it is shown that the presence of a sisterhood implies at once a divided or dual authority, which in any public institution is fatal to proper discipline and good order. It is necessary that the members of the nursing staff, as well as the lady superintendent, should be as much under the control of the managing committee as the professional officers and, indeed, all the executive of the establishment, so that there should be in the building but one chief. Pursuing the subject from the ladies' point of view, Mr. HAWARD thinks that they would be also extremely useful in the out-patient room, to keep order and to give hints as to the application of poultices, the dressing of wounds, &c., in which the poor and, indeed, those many grades above them, are often lamentably ignorant. It is to be doubted very much, however, whether, under the present state of out-patient administration (except, perhaps, at children's hospitals), ladies would be capable of exercising authority or of teaching much in the waiting-rooms of metropolitan hospitals. In reading this interesting article (to which, for particulars as to the system recommended, we refer our readers), two points are conspicuously evident. Mr. HAWARD—like Miss LEES, from whose book, as well as that of Dr. WEST, he often quotes—requires too much and expects too much from the nurse of the future, for the qualities described as indispensable cannot possibly be found, it having long been an acknowledged fact that the dearth of good nurses in the present day exists not so much from the quantity as from the quality of the material that offers. Hence it is a mistake to start with too high a standard, because that standard cannot be compassed, at all events for some time to come. The author, in advocating the advantages of his system, has, whether intentionally or not, very ill-advisedly lowered, or has appeared to lower, the status of the resident medical officers, and thus diminished their *prestige* to a somewhat considerable extent. Indeed, when explaining the duties and responsibilities of the nursing staff, so much is said of its members in connexion with the visiting physicians and surgeons, and so little in connexion with the residents, that many lay readers might naturally infer that there were no medical officers living in the hospital at all. This is a serious defect in the article, because, as the members of hospital committees, as well as the physicians and surgeons, know full well, success and harmony of administration generally hinge almost exclusively on the relations that exist between the resident medical officers on the one side and the nursing staff on the other. It is dangerous, therefore, having regard to the prosperity of hospitals, to write or say that which tends, even by implication, to exalt the nursing at the expense of

the professional department, and on this score one or two categorical circumstances related in the article to which we have referred are open to still graver objection.

WE are now enabled to lay before our readers a fairly practical statement of what has been done by the committee of experts in the United States, authorised by Congress to investigate the yellow fever epidemic of 1878; and as a preliminary matter, we may refer at once to a somewhat long letter recently received from Inspector-General JAMES DONNET, M.D., R.N., who urges the subject upon our attention very emphatically, and wishes to remind our readers that as yellow fever may exist anywhere when the temperature is as high as 70° F., precautionary measures should be taken this summer to prevent its importation. The letter, which is too long for publication, does, however, usefully serve to sound a note of warning, to which we may assume and expect that all port sanitary authorities will give active regard.

It will be in the recollection of our readers that some months ago a committee of so-called experts was formed in the United States, empowered by Congress to glean all particulars in connexion with the late disastrous epidemic. Their conclusions, which were presented at the end of last January, are now before us, and are eminently practical in all their bearings. Including the thirty-four infected cities and towns visited by the Yellow Fever Commission, more than fifty localities were carefully and personally examined. A great number of facts were thus gathered, but the urgent demands for public health legislation during the present session of Congress caused much haste in dealing with this very large subject. It appears that at least 100,000 persons were stricken with the disease last year, and that 20,000 lives were sacrificed. Of this number it is stated that about three-fifths were minors and two-fifths adults, and the expenditure in money in connexion with the epidemic amounted to at least 15½ million of dollars.

Five distinct questions were submitted to the committee of experts for consideration and report, relating severally to the causes, origin, and distinctive characters of the disease, the season of the year in which it may be propagated, the means to be adopted for its prevention, and the rate of mortality during the last epidemic, as well as the expenditure and the injury to business resulting therefrom. Having perused the report and the conclusions based upon it, we do not find anything in the former that supplements very specially our knowledge of the disease. The conclusions take the form of suggestions for future action, and these suggestions may be thus epitomised: (1) That medical officers of health should be appointed to serve in foreign ports from which importations of yellow fever are received; (2) that health officers should be appointed to have charge of quarantine stations, and to superintend "inter-State" travel and traffic to and from infected places in times of epidemic. It is considered that these two classes of officers are indispensable to the successful prosecution of any scheme that does not comprehend complete suspension of intercourse with infected places. The commercial community will of course view this system in a favourable light. But its application would be very costly, and to be successful it should most assuredly be international. And, as is remarked in the summary of the report, "the carrying into effect of an efficient system of quarantine contemplates a central authority or Health Department." Just so; and until England, as well as the United States, possesses such a department, we may hope in vain for the success of any legislation framed to prevent the transport of epidemic disease from one country to another. This report includes also observations on cholera, consideration of which we must defer to another occasion.

A PAPER on the subject of the lymphatics of tendon appears in VIRCHOW'S *Archiv* (Band lxvii., Heft i., 1879), by Dr. KARL MAYS. The first inquiries on the point appear to have been those of V. WITTICH, who allowed tendons to imbibe reduced indigo, which, as it penetrated the tissue, became oxidised, and who was led to the same conclusion as VIRCHOW had previously suggested, that the cells formed a series of anastomosing passages conveying the pabulum required. KRAUSE subsequently adopted another plan—namely, that of injection of fluid into the tissue,—a plan that was also employed by LUDWIG and SCHWEIGGEN SEIDEL, and which showed that there were definite lymph passages in tendon that appeared in the form of cylindrical fusiform tubes, which were circular on cross section. Still another plan was proposed and carried out by GERLACH, which consisted in injecting indigo-sulphate of soda into the blood-vascular system, and thus bringing the lymphatic system into view without doing any damage to the part examined or increasing materially the pressure of the fluids circulating through it. The tendons examined by Dr. MAYS were chiefly the flexor tendons of the foot of the frog and the tendinous striæ in the gastrocnemius, and he employed in his researches the plan proposed by ARNOLD of continuous indigo carmine injection and of injection of a solution of carmine in concentrated alcoholic solution of picric acid, which could be diluted with alcohol to the degree required; but he has also used staining with carmine and subsequent application of acid, and staining with gold chloride and iron tannate. Dr. MAYS describes the cells of tendon, and discusses the nature of the elastic stria of BOLL, which he thinks is sometimes produced by the edge of the plate-like projections of the cells being seen by the observer, whilst it is occasionally due to inrolling of the edges of the cell, or to coagulation of the contents. He finds anastomosing fusiform cavities of small diameter, and containing a nucleus, which is applied to the wall, traversing the tendon in a longitudinal direction, and he describes fine calcareous spiculæ running in the same direction interposed between the fasciculi, which are, he thinks, peculiar to the frog, and do not appear to have been previously described. He remarks upon the various appearances presented by transverse sections of tendon—appearances that have led him to the conclusion that in the earlier periods of life the fasciculi of tendon are distinct, but at a subsequent period fuse together; for he finds in some instances circular figures, between which are bright stellate figures connected by clear lines; in other parts the prolongations of the stellate figures do not anastomose, and in others again the cut surface only presents a dotted aspect. He is of opinion that the adult tendon is composed of fasciculi which possess an investing layer of flattened endo-

thelial cells, with some elastic fibres, forming lacunæ or channels that are traversed by lymph. The lymph is therefore not in direct contact with the fibrillæ of the tendon, but separated from them either by a layer of cells or of some material derived from cells. The drawings which accompany the paper illustrate well the points described by MAYS.

UNQUESTIONABLY the most important addition to our knowledge of Plague which has recently been made was communicated to the Epidemiological Society, at a special meeting on Wednesday evening last (Feb. 26th); Surgeon-General JOHN MURRAY, M.D., in the chair. This addition was made in the form of a paper submitted to the Society by Dr. E. D. DICKSON, the physician to the British Embassy at Constantinople, in which that gentleman gave an analysis of a report on the characters of epidemic plague as observed in Mesopotamia in 1876–77, lately made to the Ottoman General Board of Health, Constantinople, by Dr. CABIADIS, one of the physicians in the service of the Board. The proceedings of the meeting were opened, at the request of the President, by a summary account of the progress of plague from its reappearance in 1853 to the time of the outbreak of the disease in Astrakhan. In this account Mr. RADCLIFFE simply played the part of chorus, connecting the proceedings of the evening with previous proceedings of the Society as to plague, and indicating the place of Dr. DICKSON'S communication in them. We pass, therefore, at once to a consideration of the new information communicated to the Society by the latter gentleman.

And, first, it is to be noted that the peculiar physiognomy of the disease was especially insisted upon. In this respect Dr. CABIADIS was in complete accord with previous observers of recent outbreaks of the malady. Whatever hesitation or doubt might exist as to the nature of the affection, when the observer was confronted at the beginning of an outbreak with a few scattered cases, wholly vanished as he became more familiar with the disease. No other malady, it was stated, presents an assemblage of symptoms so well-marked and so significant of its true nature. No other idiopathic fever, attacking a multitude of persons at the same time, is characterised by glandular swellings, by carbuncles, and by those severe manifestations of the nervous, sanguineous, and bilious systems, which declare themselves in an attack of *plague*.

Next as to the transmissibility of the disease. Dr. CABIADIS had seen no good reason, during the observation of nearly 2000 cases of the malady, for assuming that it was transmitted from the sick to the well by *contagion*: he used the word here in its old sense, of communication by *contact*—the sense which has governed the formation of quarantine laws. His observations go to show that the disease is transmitted by infection of the atmosphere around the sick. Persons who only come into accidental communication with the plague-stricken rarely contract the disease. Persons who live in the same house, and are in constant communication with the sick in his chamber, rarely escape. The rule of infection, according to Dr. CABIADIS, is close association with the sick in the same house. The atmosphere about the sick is, he says, "the true medium of transmission." He believes also that the clothes worn by, and the bedding of, the sick may transmit the disease.

Of the conditions favouring plague, *poverty*, according to Dr. CABIADIS, is immeasurably the most important. Plague, he avers, is especially a disease of the poor; and he would give to the disease the description "miseriæ morbus." So HODGES, in 1665, as Mr. RADCLIFFE reminded the meeting, had told us that the disease then had shown itself so conspicuously a malady of the poor that some had called it the "*Poor's Plague*."

Of treatment Dr. CABIADIS had nothing to say, but the President of the Society, Dr. MURRAY, who has known plague in India, interposed an important cautionary remark that we must not assume too readily that the malady will not yield to treatment. Dr. CABIADIS, writing of his own observation, summed up prevention in the simple directions: isolation of the sick, destruction by fire of their clothes, lime-washing and free ventilation of infected interiors.

We reserve further remarks on the proceedings of this meeting, simply observing that Dr. CABIADIS'S conclusions, both as to the conditions favouring development and dissemination of plague and the method of prevention, are in complete accordance with the opinions entertained by medical men in this country who have given the greatest attention to the disease.

Annotations.

"Ne quid nimis."

THE APPOINTMENT OF REGISTRAR TO THE UNIVERSITY OF LONDON.

THE graduates of the University of London have just cause to be dissatisfied with the manner in which their claims to recognition are systematically set aside by the governing body of the University. The most recent instance of this has been in the matter of the appointment of a successor to Dr. Carpenter, the severance of whose long and honourable connexion with the University as Registrar we had recently to announce. In another column, one of the graduates has stated their case so fully that there remains for us but little to say except in the way of fully endorsing his remonstrances. Still, it may be useful to recapitulate the history of the whole transaction. About ten years ago the growing importance of the University and the multiplication of its examinations rendered it necessary that an Assistant-Registrar should be appointed. On the vacancy being declared, naturally a large number of the graduates of the University applied for this office, which, however, was filled by the appointment of a gentleman of considerable scientific attainments—a Cambridge graduate, and a professor of mathematics in a London college. After a few years the post again fell vacant by the resignation of this gentleman. Once more the hopes of London graduates were excited; only, however, to be again disappointed, for the choice of the Senate fell this time upon a graduate of Oxford University, himself previously unknown to fame, but having the good fortune to be a near relative of a late highly respected and learned dignitary of the Church. This repeated disregard of their own alumni by the Senate can only be explained by the circumstance that that body is *not* representative of the University it governs. Indeed, by its constitution, only one-third of its members are chosen by Convocation from among their fellows, and it cannot be surprising that the graduates should, in view of these and simi-

lar instances (e.g., in the selection of examiners), ask themselves whether the Senate is really sufficiently alive to the best interests of the University, and should be impatient of some changes in the constitution of the Senate by which the graduates themselves may be better represented than they are at present.

Coming to the latest instance of all, that which has called forth these remarks, and upon which "A London Graduate" so forcibly dwells, we find that the highest office in the gift of the Senate, one of considerable emolument and one conferring some dignity on the holder, has been bestowed upon the gentleman who for a few years only has been serving the subordinate office. He may certainly be congratulated on his good fortune, but it is impossible to avoid asking the question why this appointment was made, or why the claims of [graduates of position were disregarded. Surely the duties of Registrar are not so recondite or involved that it requires an apprenticeship of a few years to be initiated into their mysteries. It would be absurd to think so. But the folly of the whole proceeding lies in the fact that the vacancy was advertised extensively, and candidates invited to apply, when practically it was a foregone conclusion who should be appointed. We speak without knowledge of the details of this election, yet we cannot hold those graduates who are Senators wholly blameless in the matter. The appointment, however, gives them an opportunity for once more asserting their rights, for it has [created a vacancy in the Assistant-Registrarship. If the Senate should in this instance also again wilfully go outside the boundaries of the University in their selection, it will not be astonishing, but it will be most discouraging to all those who wish to see their University independent and self-supporting.

It may be that so long as the University is under the control of the State such anomalous disposal of offices by the Senate will continue. But whether it be so or not, it is evident that the time has come for the graduates in Convocation to bestir themselves to gain such alteration in the constitution of the Senate as shall give the members of the University themselves some power in the management of its affairs; something more than the barren protest of a bare minority, a minority many of whom seem to lose their independent action as graduates as soon as they are raised to the exalted eminence of Senators.

THE ASTRAKHAN MEDICAL COMMISSION.

WE understand that the College of Physicians have nominated, for recommendation to the Government, to proceed as a Medical Commission to the province of Astrakhan, for the purpose of investigating the reputed "plague" there, Surgeon-Major Colvill, the civil surgeon attached to the British Residency, Bagdad, and Dr. J. F. Payne, assistant physician and lecturer on general pathology, St. Thomas's Hospital. Surgeon-Major Colvill has had an exceptional experience of plague in Mesopotamia, and the College has shown great judgment in seizing the opportunity of his being on leave in England to endeavour to secure his services on the proposed commission. Dr. Payne, who is a Fellow of the College and a late Radcliffe Travelling Fellow of the University of Oxford, is an admirable representative of our "younger physic," and will bring to his task the pathological learning which is especially needed on the commission.

CHAIR OF PATHOLOGY AT CAMBRIDGE.

AS we intimated in our issue of Feb. 15th, a memorial signed by the most influential graduates of the University, and supported by the recommendations of the President of the Royal College of Physicians, the President of the Royal College of Surgeons, Sir James Paget, Dr. Murchison, and Mr. Prescott Hewett, has been addressed to the University of Cambridge Commission, urging them not to allow the opportunity afforded by the pending revision of College and University statutes, to pass without suitable provision being made for the extension of scientific studies in connexion with medicine. The form they now propose this extension to take is the foundation of a Professorship of Pathology, to be endowed with an income sufficient to secure a man of scientific eminence, and to render the holder independent of medical practice, so as to devote his whole time and energy to the work of teaching and of original investigation. This is a practical suggestion, and we hope it will be carried out. It would be a great mistake to appoint a man to such an important chair with an insufficient salary, and so oblige him to waste much valuable time and energy in seeking to establish himself in practice in what after all must be regarded only as a small country town. If the Commissioners do not, however, see their way to making at once suitable provision for the professor in the manner indicated by the memorialists, it is a question whether for a time an arrangement might not be made to appoint, for a term of years, some pathologist engaged in teaching at one of the large London schools, to deliver a course of lectures and superintend the demonstrations given by a resident teacher. We would advocate such a step only as a temporary measure, and till such time as suitable provision could be made for a resident professor. If the study of pathology took root at Cambridge, and we see no reason why it should not, such an appointment would soon become a necessity, and would secure as candidates for the chair the most eminent teachers in the subject, not in England only, but from the Continent.

ZULULAND.

OUR knowledge of the climate and surroundings of the country in which our troops are now operating is somewhat meagre, but, from information derived chiefly from missionaries and officers who have travelled in the country, we gather that in physical features generally it bears a close resemblance to Natal. The mean temperature for the year is slightly higher; its mountains towards the N. and N.W. are somewhat loftier, some of them having an elevation of 6000 feet; but from a health point of view it may be looked on as very similar to its neighbouring English colony. Large tracts are grass-land, or cultivated for cereals and "mealies" (Indian corn), the staple production; but the greater part consists of valleys or kloofs covered here and there with dense bush, while on the spurs and mountains forests abound. Coastways, swamps and lagoons run inland for ten or fifteen miles, and here, as we should expect, malaria is very prevalent. The rivers are numerous, but, with few exceptions, small and unnavigable, although in the wet season (September to March) they fill to overflowing, and flood for miles the adjacent land. Harbours and roadsteads do not exist. The roads are mere waggon-tracks; even those which may be considered the principal ones, leading from the Tugela river to Ulundi—the so-called capital, where the King's kraal is situated,—are no better, and the country traversed is rough and broken. The climate may be divided into two seasons, wet and dry, the latter being the cold and healthy one. The rainfall is small, averaging thirty inches annually, and during the hot wet months, from September to March, storms are frequent; February and March, the drying-up of the rainy season, are looked on as the most unhealthy months. Occasional hot winds—siroccos—blow over from the N.W., but, though trying and unpleasant, they are not considered prejudicial to health; in fact, the climate of Zululand may, for a semi-tropical one, be considered good. Water is, as a rule, plentiful, and, though brackish near the coast and swamps, is not injurious. The diseases met with amongst the natives are chiefly malarial fevers, dysentery, and tapeworm, the latter being exceedingly prevalent; in

the neighbourhood of the lakes and lagoons, and in the valleys, intermittent and remittent fevers are frequent. The type, except in one or two localities, is mild; but in certain districts, notably a belt of land fifteen miles from the sea between the Tugela and Umlatoosie rivers, the malarial poison is very deadly. We may expect our troops to suffer from the above diseases, as well as from diarrhœa, rheumatism, and chest affections, inevitable more or less from the exposure and hardships of campaiguing, to say nothing of gunshot and assegai wounds from the fierce savage nation with whom we are at war.

THE HOME OFFICE AND THE MIDDLESEX MAGISTRATES.

IT will be remembered that at the inquest held on the circumstances attending the death of the prisoner Nolan in Coldbath-fields Prison last November, Sir H. W. Wyatt, on behalf of the Visiting Committee of the Prison, stated among other matters that since the new Act came into force they could practically get no reports as to the conduct of the prisoners: "We have no power in the matter; we can afford no protection to prisoners." And also, when a complaint was communicated to Mr. Cross about the bread being quite unfit for the prisoners, "beyond acknowledging the receipt of the letter, the Home Secretary had afforded the Visiting Committee no information on the subject." These statements created considerable surprise at the time, and the House of Commons ordered the whole correspondence relative to the subject to be printed. This correspondence is now before us, and we certainly think on the face of it that Sir H. Wyatt and his colleagues had just cause for their complaint. In reply to this objection, the Home Secretary points out to the Visiting Committee that according to the rules determining the duties and powers of the Committee, the governor is to submit to them the book of punishment; a list of all prisoners who have expressed a desire to see the Committee; a list of prisoners against whom he has any complaint to make, with a statement of offence committed; also samples of diet are to be laid before them. To this the magistrates reply that they have not thought it expedient to insist on the production of the book, as, after Mr. Secretary Cross's official intimation, on a previous occasion, that he considered the governor justified in inflicting confinement for more than twenty-four hours, provided it was not in a punishment-cell, they felt no good could come of their examination of this book. As they very pertinently observe, "Why the same punishment in a cell like a punishment-cell in every respect should be less severe because it does not happen to be in a cell certified for punishment the Visiting Committee have never been able clearly to understand." We are quite of this opinion, and are convinced the Legislature never contemplated giving the governor of a gaol power to inflict such punishment, and that the interpretation put on this clause by the Home Secretary is contrary to the whole spirit of the Act, and likely to lead at some time or other to an injustice being done a prisoner. With respect to the bread question, the reply of the Home Office is very unfortunate, for whilst admitting that no information was sent the Visiting Committee on the subject, it is stated that, as a consequence of the complaint, the contractor was changed. To this the Visiting Committee reply that this is the first intimation they have received as to the change of the contractor. They also point out that during the current year both the governor and the deputy-governor have been changed, and other officers appointed in their place. Moreover, during the same period the system of rewards and punishments to prisoners has been altered, the diet very materially, and the clothing greatly varied, yet of none of these important alterations have the Visiting Committee received any official intimation. Surely if the Home Office is thus a law unto itself, we hardly see the necessity for a Visiting Committee at all. If they are kept in ignorance of the variations in the most important rules and regulations of the prison, it is impossible for them to render efficient service to the public or do justice to the prisoners. The report of the medical committee appointed, under the auspices of the President of the Royal College of Physicians, to inquire into the circumstances of the death of John Nolan in the Clerkenwell House of Correction has been received by the Home Secretary, and the public will await its publication with interest. In the meantime it is satisfactory to learn that Mr. Cross has decided that the arrangement under which the surgeon of the Coldbath-fields Prison was also surgeon to another prison should cease, and that a surgeon should be attached to Coldbath-fields by itself.

WHY SO DEPRESSING?

UNWONTED depression and uneasiness, accompanied with loss of appetite and inability to sleep, are the prevalent causes of complaint just now among the "tolerably well" section of the community; and, with a large measure of accuracy, the condition, modified as it is by individual peculiarities of state and idiosyncrasies, is attributed to the weather. The relations which subsist between such mental depression as constitutes melancholia and the defective discharge of its functions by the skin may help to explain the phenomenon. The connexion of cause and effect may not be clearly made out, and the part which the nerve-centres play in the production of the result may be as obscure as that which they exercise in the control of occasional pigmentary deposits; but the broad fact remains. When the skin does not act freely, when its functions are seriously impeded or arrested, melancholy broods over the mind, just as in the case of a subject of melancholia, as a formulated disease, the skin becomes dense and inactive. It is not a random conjecture, therefore, that the intense and prolonged, albeit unaccustomed and unexpected, cold and damp work their depressing influences mainly through the skin. This is a trite remark, but it is one that may with advantage be made just now, because, in the interests of health-preservation, especial pains need to be taken to secure the freest possible action of the great surface system of excretory glands and the transuding apparatus generally. Warmer clothing, especially at night, frequent ablutions, with sufficient friction, and the promotion of skin activity by every legitimate form of exercise, are obvious measures of health which everybody ought to understand and all should practise.

THE CORONERS BILL.

THE Coroners Bill, as we indicated several months ago, is, as it stands, a disappointing piece of legislative energy. It accomplishes less in its own sphere than the Public Health Act of 1875, for it consolidates, and at the same time cements, the errors of the existing *régime*, instead of breaking them up, or at all events loosening them. We may refer our readers to THE LANCET of November 23rd, 1878, in which will be found a summary of the Bill. Mr. Pell asked the Home Secretary on Monday night for leave to enlarge the reference to the Select Committee, so that evidence can be taken, and the whole question of the duties and payment of coroners be reported upon. Mr. Cross, with that amiable elasticity so characteristic of the present potential Government, replied to the effect that "a statement" would be laid before the Committee (containing we know not what) that would give them "valuable information." He hinted that this "statement" might serve as useful a purpose as the examination of witnesses, but that this latter procedure ought to be adopted, if thought advisable, after the "statement" has been read and digested. The evidence that many general practitioners, both in the metropolis and the country

could give would be valuable, interesting, and instructive, not to say amusing. Some curious details as to the part played by the coroner's summoning officer, and the incomprehensible and unwritten laws that regulate the ordinary post-mortems, would be forthcoming, and possibly astonish many honourable members not familiar with a coroner's court held in a gin palace, and a free and enlightened British jury, the members of which have probably, before the commencement of the proceedings, been preparing at the bar for their onerous duties to their country. It will not, however, suffice to take the Home Secretary at his word. The Government must be watched in this matter, and the suavity of Mr. Cross must not be allowed to persuade the Committee that the "statement," however diffuse it may be, is sufficient to decide accurately the merits of this important question. In such a case verbal is far more valuable than written evidence.

BRADFORD FEVER HOSPITAL AND EYE AND EAR HOSPITAL.

OUR Bradford correspondent writes:—The seventh annual meeting of the governors of the Bradford Fever Hospital was held on Feb. 19th, at the Exchange, under the presidency of the Mayor (Mr. A. Holden). The expenditure for the past year was £2329 while the receipts were £2523, and of this latter sum no less than £715 was received for the treatment of individual patients. This is due partly to the fact that the upper classes have frequently availed themselves of the advantages of the institution, and partly to the number of cases sent in on behalf of the corporation by their able and energetic health officer, Mr. Harris Butterfield. The number of cases admitted during the year was 237, of which 18 proved to be neither fever nor infectious disease at all. It was suggested by one of the honorary physicians that, inasmuch as several cases unavoidably found their way into the hospital which were not of an infectious character, there should be a special ward built for the accommodation of such patients. In this manner the risk of contracting infectious disease, which under existing circumstances is very considerable, would be reduced to a minimum; and, further, there need be no hesitation on the part of the public to send patients to the hospital as soon as feverish symptoms of a suspicious character make their appearance.

On Feb. 21st the Mayor also presided at the annual meeting of the subscribers of the Eye and Ear Hospital. The expenditure during the year 1878 had been £1331, and the receipts £1235. During the same period 285 in-patients and 1338 out-patients received the benefit of treatment at this excellent institution. Although numerous patients come for advice from the surrounding neighbourhood, yet, it appears, the hospital receives from the country district but scanty support. During the last few months two new wards have been opened, and other improvements made in the out-patient department.

WOMAN-CULTURE.

THE *Queen*, as "the lady's newspaper," should be thoroughly at home in descanting upon the needs and contingencies of the training, education, and development of women. The recent number contains two articles on cognate subjects—"Consideration of Health" in relation to girls *in statu pupillari*, and the description "Strong-Minded," as applied to women. The first-mentioned essay errs in glorifying learning in obvious deference to the mania for competitive work which has spread from the schools for boys to the schools for girls. We altogether demur to this rage for educating young women, as a mistaken and mischievous movement. The proper sphere of woman is "home," and her legitimate province of duty is bounded by what have always been, and always will be, with the pure-minded and decorous female, feminine occupations and accomplishments. Once for all, we declare stedfastly against the dethronement of woman in her true kingdom and her being launched into the vortex of struggling humanity, where even men can scarcely hold their own. It is not a fact that the female constitution includes high brain-culture among the conditions of health. The second paper, that on "Strong-Minded" women, is a happy assertion of the evidence of true strength combined with gentleness. We most cordially endorse the opinion that "the strength of women lies, if not in their weakness, yet in their quietness. The noisy, blustering, arrogant, self-asserting among them make the air hot with their voices, and trouble the world with their superabundant activities. But this is not real strength—it is more generally just a sham and a show which breaks down under the pressure of personal and private trial; while the true power of those who as wives influence the present, and as mothers mould the future, lies hidden from the public, all the more valuable because of its reserve." Apply the principle so concisely laid down in these sentences to the subject of woman-culture and the result will be atisfactory as sound.

THE VENTNOR CONSUMPTION HOSPITAL.

THE report of this institution for 1878 has just been issued, and from it we learn that, during the year, 537 patients came under treatment, and that the success which attended the sojourn of these invalids on the Undercliff was decidedly satisfactory. There were 16 deaths; 62 were worse on leaving, and 36 remained *in statú quo*; while of the remainder, 53 are returned as cured, 106 improved, 78 much improved, and 150 very much improved. The best criterion of a consumptive patient's condition is to be found in the gain or loss of weight, and with regard to this Dr. Coghill reports that 332 gained in weight to the extent of more than 5 lb. each (on an average), while 124 patients lost in weight. Although a gain in weight generally coincides with improvement, it may, nevertheless, be attended by a febrile condition and a [spread of the local disease. The best feature of the Ventnor Hospital, apart from its charming situation, is to be found in the fact that each patient has a separate bedroom, a very essential point in the treatment of consumptives. The financial condition of the institution is scarcely satisfactory, for although, owing to the great exertions of the secretary, it pays its way and manages to provide £7000 annually, it lives entirely from hand to mouth, and has no endowment of any kind; and it is to be feared that with a less energetic financial officer it might easily drift into hopeless bankruptcy.

THE CASE OF DODWELL.

MR. SECRETARY CROSS, in reply to a question by Mr. Cowen, has stated more fully than on any previous occasion the measures taken to ensure justice to Dodwell, who fired at the Master of the Rolls, and was acquitted without any medical evidence on the ground of insanity. Her Majesty's Secretary of State, it now appears, very properly repaired the judicial blunder committed under the supervision of Mr. Baron Huddlestone by causing the alleged lunatic to be examined by a medical officer as far back as May 31st, 1878. On the 1st of June he was again examined by two medical men. Subsequently the Home Secretary applied to the Commissioners in Lunacy to nominate two independent medical gentlemen to again examine Mr. Dodwell, and his case was investigated by the examiners thus appointed on the 18th of September. The previous reports have left no doubt that the prisoner was insane. Although Mr. Cross has ordered that any change in the condition of Dodwell should be reported to him, no communication of the kind has been received at the Home Office. It is now evident that due

precautions have been taken in this case, and while the first regret that any judge should be found so ill-advised as to assume, or permit a jury to assume, the functions of medical examiners in a case of mental disease must remain, it is impossible to refuse an acknowledgment of the care bestowed by Mr. Cross in the interest of public safety. Nevertheless, what possible objection could there have been to stating the plain facts earlier, thereby allaying professional and public anxiety?

TYPHOID AND THE WATER QUESTION AT BONCHURCH.

AMONG the "burning questions" at present in the Isle of Wight is the question of the purity of the water of the Bonchurch Drinking Fountain. Its contamination with sewage is attested by Dr. Frankland and by Mr. Otto Hehner, public analyst of the Isle of Wight. According to Mr. Hehner's analysis there are in 100,000 parts of the water 7·90 parts of chlorine, 3·062 of sulphuric acid, 3·761 of nitric acid, besides free and albuminoid ammonia, &c. These are unpleasant suggestions. But even chemists differ in this free country, and the proprietor of the fountain has succeeded in getting a certificate of purity from Mr. Arthur Angell, the public analyst for the county of Hants. We might leave the chemists to fight out the battle by themselves, but for the fact of the presence of typhoid at Bonchurch, which has brought up the question of the purity of the water. Dr. Williamson, medical officer of the district in which the fountain is situated, has very naturally acted on the opinion of Dr. Frankland and Mr. Hehner, and advised the sanitary authority that the spring is not a safe one, and should be closed until the sewage with which it is contaminated is diverted. Nevertheless, the sanitary authority coolly passed a resolution that no further notice be taken of the matter. The champions of the polluted fountain argued with some force that the houses in which the fever occurred were supplied with water from Ventnor, the water of which is confessedly pure. That is no proof that the water of the Bonchurch fountain had not been drunk so as to be the medium of the poison of typhoid. Be this as it may, the resolution of the sanitary authority that the visitors and the public of Bonchurch shall not be protected from drinking diluted sewage is deserving of record among the audacities of such authorities in health resorts, where the natural salubriousness is so boasted that filth in the water is often treated with contempt.

SMALL-POX IN DUBLIN.

THE *Irish Daily News* gives several scraps of information concerning the epidemic of small-pox in Dublin which show how much more difficult it is to control the spread of infectious diseases in Ireland than in England. It appears that the poor have an objection to sending their relatives who may be smitten with small-pox to the Small-pox Hospital, and that consequently the disease is very liable to spread in the small, unwholesome dwellings of the lower classes. At a meeting of the board of guardians it was stated that some time ago the guardians attempted to remove a case from a house in the town. The police were present, but the father of the patient attacked the police and the relieving officers, and they had to retreat.

The Local Government Board for Ireland draws the attention of the guardians to the alleged fact that "wakes had been held over the fetid remains of those persons who had died of small-pox." Dr. Traill writes a letter which shows how difficult it is to exercise an efficient control over lodging-houses, and how little regard the ignorant have for the deadly power of infective particles. He gives an instance of a young man who was smitten with small-pox in his lodgings, and who died of that disease in the Small-pox Hospital. After his decease Dr. Traill went to his lodgings and ordered that his woollen clothes &c. should be thoroughly disinfected before being sent into the country, and left a sovereign with the landlord in order that this should be done. These directions, however, were all neglected, and the clothes which the deceased had worn were packed up and sent into the country without any measures having been taken for their purification. Dr. Traill very properly wrote at once to the sanitary officer of the district to which the clothes had been sent, informing him of the fact, and we have no doubt that steps will be taken to counteract the mischievous action of a covetous landlord.

REINFORCEMENTS FOR THE WAR.

THE embarkation of the troops so hurriedly ordered off to reinforce Lord Chelmsford's army in Zululand has proceeded most satisfactorily, and by this date the last transport will have sailed for Durban, the port of disembarkation in Natal, where they may be looked for in some twenty-four or twenty-five days. Two or more medical officers were detailed for each ship, the men of the Army Hospital Corps being also distributed in small parties with each regiment or battery. Large supplies of medicines and medical equipments, ambulances, stretchers, litters for mules, field-panniers and companions, hospital tents, &c., have been shipped from Woolwich during the past week. Preserved meats and vegetables, and what are termed "medical comforts," have also been abundantly provided; while, bearing in mind the difficulty of carriage and transport, 1000 boxes of the portable food, "Erbswurst," introduced by M. Kopf, have been added to the list. Every package intended for hospital use has the red cross distinctly painted on it—a very suitable precaution, enabling the medical stores to be quickly recognised amongst the tons of baggage and packages which will crowd the small landing-stage at Durban.

NUNN v. HEMMING.

THE conclusion of this case is a subject of congratulation, not only to the defendant, but also to the whole medical profession. The accusations brought against Dr. Hemming by the unfortunate gentleman who had been his patient were proved to have been absolutely groundless—the mere delusions of an insane mind. Mr. Nunn's evidence was wholly unsupported, and his demeanour in the witness-box is said to have been sufficient to carry conviction to the mind of the judge and the jury, who eventually delivered their verdict without leaving the box. The evidence adduced by the counsel for the plaintiff seems to have been singularly devoid of solid facts, and, although that gentleman persisted in continuing his case, and in subjecting professional men to unnecessary cross-examination on irrelevant matters, it was difficult, when he had had his say and done his worst against the defendant, to detect any good reason for his course of action, or to feel admiration for the judgment or good taste which had been exhibited.

LOCAL SELF-GOVERNMENT AT SHEFFIELD.

THE sanitary authorities of Sheffield appear to be continually either at sea, or in collision, as to their duties and responsibilities. We are loth to continue a stream of hostile criticism that may seem eventually, in a cumulative sense, to be almost libelous. We so often receive sanitary items from the local journals, that in the interests of the public we are positively compelled to notice them. Thus we have received during the past week an extract from the *Sheffield Daily Telegraph* relative to some question of liability as to sewerage, paving, &c., of a street called Well-lane. It is not our business to go into the special par-

ticulars of the matter, but it is evident from the long paragraph before us that there is a disposition in this, as in all other sanitary matters at Sheffield, to do as little and to spend as little as possible to extinguish preventable diseases, and, generally speaking, to carry out honestly the Public Health Acts. It is a pity that Mr. Roebuck, with his professed independence of thought and action, does not try to show his constituents that in local self-government the health of the borough should be a chief matter, and one well worthy the attention of the corporation, and of all other local bodies.

INDIAN MEDICAL SERVICE.

FOR the fourteen vacancies in the Indian Army offered to competition last week at Burlington House, thirty-three candidates sent in their names. Two of these were rejected at the medical examination on physical grounds, one was absent, so that thirty actually competed. This proportion is slightly higher than has been witnessed in the last few years, but the Indian Service has long been in advance of the Queen's Service or Navy, in both of which competition may be said to have ceased to exist. The Navy will probably take some of the unsuccessful Indian competitors if it can get them, while the Army Medical Department must wait, we presume, till the August examination before they can hope to recruit their ranks, Colonel Stanley not having apparently made up his mind as to the conditions he is prepared to offer in the expected warrant.

THE GOVERNMENT AND EPIDEMICS OF SMALL-POX.

IT is gratifying, as we learn by an answer to Dr. Cameron, in the absence of Dr. Lush, amid the increasing fatality of small-pox, to know that the President of the Local Government Board is not only having an investigation made into the recent and scarcely suspended epidemic in London, but that he is hopeful of getting out of it materials for further legislation. Of all sorts of domestic legislation none could be more satisfactory than that which tended to reduce the perfectly preventable mortality which is being weekly recorded. Let us hope that the investigation going on is of a searching character. Few epidemics have been so easy of investigation as the last, or of such a history as to promise better results.

THE HABITUAL DRUNKARDS BILL.

THIS Bill is passing through committee with some slight amendments; but we confess that we cannot get up any interest in a measure so eviscerated and powerless as this. The only thing that can be said for it is, that it is like most of what is by courtesy called legislation now-a-days, but which has none of the force and virtue of law. To enact a law that an habitual drunkard may be detained in a retreat on his own application is an employment unworthy of Parliament. We shall expect to see it followed by a law empowering public authorities to restrict the liquor traffic, if the publicans so wish.

THE STAMFORD INFIRMARY.

DR. NEWMAN, of Stamford, has written an interesting historical report of the infirmary in that town, and has been at the trouble to make extracts from the minutes and records, which, when put into the convenient form of a pamphlet, prove to be of considerable interest, and capable of conveying no little instruction. The hospital was founded by the munificence of Mr. Henry Fryer, a surgeon of Stamford, who left upwards of £7000 for that purpose in 1823; and in 1875 another surgeon, Mr. Arthur Clay, contributed £3552 by will. These records show what have been the hygienic experiences of the committee of the hospital, and how, by tinkering alterations which shut out light and air, the sanitary condition of the original building was gradually disimproved. The need of increasing the number of beds has been constantly present to the committee for some time, and they have now very wisely determined to meet this necessity by the erection of three two-storeyed pavilions, each capable of holding ten beds, and connected by a covered way. These new wards have windows on three sides, and they are heated by a central Galton's stove; the bath-rooms and waterclosets are in projecting turrets; and, in fact, their general design is quite in accordance with the teaching of the most advanced sanitarians. At the same time the design is exceedingly simple, and the architect has clearly not lost sight of that which architects too often disregard entirely—viz., economy.

HYDROPHOBIA.

A DEATH from hydrophobia is reported in the *Bristol Mercury*, from Keynsham, near Bristol. The diagnosis was, in the early stage, attended with some difficulty, on account of the early symptoms having been in part mental and in part gastric, and the patient's concealment of the fact of a recent bite. After getting drunk the man was very sick and ill, and able to eat but little food. The following day he behaved in a very excited manner, and a day later had the peculiar and characteristic throat spasm. Two days later he died. The negative results of the post-mortem examination were in harmony with the diagnosis. The early gastric symptoms are of considerable interest in connexion with the changes which have been found in the neighbourhood of the nucleus of the pneumogastric. The stomach symptoms are usually slight, but it is easy to understand that a slight morbid state of the pneumogastric nerve might lead to conspicuous gastric symptoms if an exciting cause, such as drunkenness, assisted.

THE ZULU WAR.

THE following is the list of medical officers ordered to proceed to the Cape of Good Hope:—Deputy Surgeon-General J. L. Holloway; Surgeon-Majors T. Babington, J. D. Edge, D. C. G. Bourns, D. A. Leslie, A. B. Robinson, D. F. de Hodgson, G. Ashton, C. H. Giraud, J. N. Stock, A. Semple, J. Wallace, H. Lamb, W. P. Smith, E. J. Boulton, W. Elgee, J. G. Leask, J. H. Hunt, E. Ward; Surgeons H. Jagoe, B. B. Connolly, J. L. Ritchie, E. Townsend, K. S. Wallis, A. Harding, H. R. O. Cross, A. J. Landon; Civil Surgeons E. M. Wilson, J. G. O'Neill, R. G. Hebb, W. R. Cheyne, J. M. Jones, L. O'G. Gubbins. Army Hospital Corps: Eight officers, 279 non-commissioned officers and privates.

THE first general meeting of the Home Hospital Association was held on Tuesday, under the presidency of the Duke of Northumberland. According to the report, the actual sum received was £10,907, of which £1116 had been applied to preliminary expenses. Negotiations had been opened with the authorities of the great hospitals, with a view to co-operation, but the result was that the committee had determined in the first instance to endeavour to acquire suitable premises of their own, and a lease of fifty-two years and a half had been obtained for Berkeley House, Manchester-square.

WE are requested to state that the models by the three artists who were invited to furnish designs for the statue of Harvey which is to be erected at Folkestone will, by permission of the Lords of the Committee of Council on Education, be exhibited at the South Kensington Museum on Saturday, March 1st, at 12 o'clock, and will remain on view until March 29th, from 10 A.M. to 4 P.M. daily.

THE annual general meeting of the Royal Medical and Chirurgical Society takes place to-morrow (Saturday, March 1st) at 8 P.M., at the Society's room, 53, Berners-street. At this meeting the report of the Council will be received, and other business transacted, including the election of officers to serve on the Council for the ensuing year. The retiring Council have nominated Mr. John Eric Erichsen, F.R.S., as President, in succession to Dr. C. West.

THE memorial of the teachers of anatomy and physiology, urging certain alterations in the method of conducting the Primary Examinations at the College of Surgeons, was sent in to the Council on Feb. 28th. About fifty teachers have signed the memorial, so that it would seem as if the desire for some modifications were practically unanimous.

SURGEON-MAJOR W. G. DON has been appointed to the vacancy in the Medical Branch, Army Medical Department, Whitehall-yard, under Surgeon-General W. Munro, C.B., consequent on the departure of Surgeon-Major M'Nalty for Afghanistan.

THE election at the Royal College of Surgeons in Ireland for a member of Council, which had been fixed for last Tuesday, has been adjourned to the 4th inst., in consequence of the death of Mr. Ledwich, which creates a second vacancy.

THE Society of Arts has just sustained a severe and sudden loss by the death of its well-known and greatly respected secretary, Mr. Peter Le Neve Foster, M.A.

HUNTERIAN SOCIETY.

AT the annual general meeting of this Society, held at the London Institution, on Wednesday, Feb. 12th, the following gentlemen were elected officers for the ensuing year:—President: Dr. Braxton Hicks. Vice-Presidents: Drs. Lichtenberg, Pye-Smith, George Roper, and Mr. Buxton Shillitoe. Treasurer: Dr. Fotherby. Trustees: Dr. Fotherby and Mr. D. De Berdt Hovell. Librarian: Dr. P. L. Burchell. For the Oration of 1880: Dr. Pye-Smith. Secretaries: Mr. Clement Lucas and Dr. Stephen Mackenzie. Council: Drs. Crosby, R. Fowler, James Greenwood, G. E. Herman, Stephen Ward, Messrs. Corner, E. Dukes, T. R. Fendick, A. H. Smee, G. J. B. Stevens, W. C. Toulmin, and Waren Tay.

The Annual Oration was delivered by Mr. RIVINGTON. The President occupied the chair. The main topics of the oration, which was delivered without manuscript, and occupied seventy-five minutes, were the position of the medical profession in the body politic, and the means of raising it in public estimation. The defects of the preliminary, the scientific, and the professional branches of education and examination; the conflicting regulations of the nineteen licensing corporations; the over-legislation which burdens students, teachers, and schools, were discussed, objections to conjoint examinations were combated, and an adequate representation of the rank and file of the profession in the General Medical Council, the Medical Corporations, and in Parliament was advocated. The orator spoke in favour of the requirement of Greek at the preliminary, of a preliminary scientific examination, the establishment of educational museums in the provinces, an examination at the end of each year of professional study, and the commencement of the medical curriculum in the summer, in order that medical students might learn osteology and elementary human histology before the commencement of dissection in October. State supervision of all institutions for the distribution of medical relief to the poor, the more accurate adjustment of general and special hospitals to the needs of the population and the requirements of medical education, the elevation and extension of the Poor-law and sanitary medical services, for the purpose of supplying the sick poor with adequate and qualified medical aid, instead of leaving so much to the laws of supply and demand, which had fostered empirics and counter-prescribing chemists, were upheld. Having made some stringent remarks upon the want of acquaintance of the public with matters medical, the hostility of the public and the indifference of the powers that be to the profession as a body, as exemplified in the sorry treatment of medical men engaged in the public services, and the attitude assumed towards scientific research, the speaker concluded with inculcating the necessity for union within the ranks of the profession and the subordination of individual action to the common good of the professional community. The address was very favourably received, and a vote of thanks to the orator concluded the proceedings.

The annual dinner of the Society took place at the "Albion" on Saturday, February 15th, when the retiring president, Dr. Crosby, took the chair. He was supported by Professor Owen, the Presidents of the Medical, the Clinical, and the Pathological Societies, and other distinguished guests. In replying to the toast of the evening, Professor Owen alluded to the recent outcry against vivisection, and showed how the Hunterian operation for the cure of aneurism was founded on experiments made for the purpose of studying the growth and development of the stag's antlers.

Correspondence.

"Audi alteram partem."

REGISTRARSHIP OF THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—As you predicted, Mr. Milman, an Oxford graduate, has been appointed to the Registrarship of the University of London. The Senate of that University is a very irresponsible body; then why, in the name of common sense, did it issue an advertisement *inviting* candidates to apply for the appointment when it had the power to appoint without asking leave from anyone? Doubtless a number of gentlemen responded to the invitation and sent in applications. I ask, Was it becoming in so august a body, as the Senate is supposed to be, to have put those gentlemen to the trouble of procuring testimonials, &c., when the whole affair was evidently a foregone conclusion? I have not a word to say either for or against Mr. Milman's qualifications; but up to the present time three gentlemen have been appointed to the office of Registrar, not one of whom has been a graduate of the University. Of course, this was a necessity as far as the first appointment; and it was also a reasonable thing to appoint Dr. Carpenter, as twenty-three years ago the University might have been said to be still a fledgling, and unable to fly on its own account; but after forty years of existence, when it numbers among its something like 3000 graduates men past sixty years of age, and men of the eminence of Sir Wm. Jenner, Sir Wm. Gull, Dr. Storrar, Sir George Jessel, the late Mr. Justice Quain, Mr. Savory, and Sir Henry Thompson, it does seem most unreasonable that the only office worth having (by anyone of recognised position) should be bestowed on a non-graduate of the University, no matter how well qualified, when it is well known there were *numerous* graduates of the University equally, if not better, qualified to choose from. It appears to me that the Senate ought to have added to their invitation by advertisement the words, "No graduate of the University of London need apply." Of course their first mistake was in appointing to the Assistant Registrarship a gentleman who was not one of their own graduates. Now we may take it as settled that in future, the Senate having the same composition as at present, no one stands any chance for the Registrarship against the Assistant Registrar, so that, in the event of a future vacancy, no graduate of the University will put himself in the false position of applying for the appointment. This condition of things is, to say the least, unfortunate, for there are many London graduates who are peculiarly well qualified by age, attainments, and social position who would willingly offer themselves for the

Registrarship, but would not for one moment think of accepting the Assistant Registrarship.

When will the graduates of the University of London *en masse* approach the Government of the day, and request to be allowed to govern their own University? Surely that time has now arrived, or are we always to be legislated for by a Senate the majority of whose members have nothing in common with, are not representative of, and do not care a straw for the interests of, the graduates, as evidenced most pointedly by the appointments to the Assistant-Registrarship and Registrarship of the University?

The Senate of the University of London requires reconstitution even much more than does the Medical Council.

I am, &c.,

Feb. 22nd, 1879. A LONDON GRADUATE.

CONSULTATIONS IN LUNACY.

To the Editor of THE LANCET.

SIR,—I find from an article on "Lunacy Reform" in your current number that you are of opinion that the signers of lunacy certificates are "legally deprived of the advantages of consultation." It follows, of course, that the lunatic is also by law deprived of advantages which, if he were only suffering from jaundice or gravel, he could secure without let or hindrance. I do not know what may be the habits and customs of metropolitan practitioners, but I can assure you from considerable experience that in this part of the country consultations in lunacy are conducted just like other consultations. The consultant hears from his colleague the history of the case, a conjoint examination of the patient and, subsequently, a discussion as to the diagnosis and treatment follow.

Now the question arises, whether, in pursuing this course, we are infringing the Lunacy Acts. After a careful re-examination of them, I am distinctly of opinion that we are not. What these Acts require is that, over and above the usual steps taken in ordinary diseases to ascertain the facts and arrive at an opinion, we shall, if that opinion be that the patient should be deprived of his liberty, further take the precaution of examining the patient separately from each other. This re-examination is calculated to secure the patient a last chance of demonstrating his sanity, and it insures further that the opinion arrived at should be not a joint but a several opinion also.

I remain, Sir, yours, &c.,

Birmingham, Feb. 24th, 1879. W. F. WADE, F.R.C.P.

THE CONTAGIOUS DISEASES ACTS.

To the Editor of THE LANCET.

SIR,—I read with great interest your article on the above subject, in THE LANCET of February 1st, and, if you will allow me, I should like to make a few remarks on Surgeon-General Balfour's letter of the following week regarding it.

I quite agree with him that it would be better to make no distinction between cases of disease contracted in and out of a district, and by so doing to prove a less satisfactory diminution in their number, than, by deducting the latter class, to present untrustworthy returns; but, with all deference to his very large experience, I must beg to differ from him in this respect, and to maintain that the deduction of diseases contracted out of a district is not only little liable to inaccuracy, but is really necessary to give a fair estimate of the effects of the Acts in a protected district.

Dr. Balfour refers to Windsor especially as one of the stations in which careful inquiry had led himself and others to doubt the accuracy of the men's statements; but, after being quartered here on several occasions, my experience leads me to a very different conclusion, and I have always maintained that it is at Windsor especially, of all stations, in proportion to the smallness of its garrison, where the most useful facts can be obtained—provided that allowance is made for diseases contracted out of the district—in consequence of the half-yearly changes between London and Windsor, and the rapid diminution of disease in the latter station.

I certainly cannot recall to my mind any instance of a man making a false statement of the kind, nor should I record his disease as contracted out of the district unless he had just returned from leave of absence; and the inspector of police informs me that the men are very ready to give all the evidence they can for the detection of the woman, though sometimes it is necessarily very meagre.

Allowing, however, the possibility of an occasional, wilful, or accidental mis-statement on the part of the men, this is far more than counterbalanced by cases of disease recorded, on the statement of the men, as contracted in Windsor, which have been given by women who, living in the outskirts, thus escape the supervision of the police. This is one of the difficulties the police have to contend with here, but fortunately soldiers keep pretty well to their regular haunts, and these are seldom far removed from their barracks.

Again, how can it be fair, as you have well stated in your article, to include in the statistics of protected districts the admissions of soldiers soon after their arrival from London, where specific disease is so prevalent amongst them? Surely not; and as the change of quarters to Windsor takes place twice a year, these early admissions alone would make a considerable difference.

In conclusion, I cannot see sufficient reason why, with every desire to avoid incorrect statements, diseases contracted out of a protected district should not be separated from the other class; and though such deduction is not required to prove a considerable diminution of disease in protected districts, it appears to me to be an essential one in order to obtain a *true* estimate of the effects of the Acts.

I am, Sir, yours &c.,

A. B. R. MYERS,

Windsor, February 10th, 1879. Surgeon, Coldstream Guards.

FILARIA SANGUINIS.

To the Editor of THE LANCET.

SIR,—The accompanying case is interesting in relation to Filaria. Perhaps you may think it sufficiently so for publication.

I am, Sir, yours truly,

Granville-place, Feb. 21st, 1879. J. FAYRER.

Norton Barracks, Worcester, Feb. 12th, 1879.

DEAR SIR,—I am taking the liberty of sending you rough notes of a case of Filaria sanguinis in a dog I possessed in the Straits Settlements, which I trust may prove of interest. I sent the specimens to a colonial surgeon for microscopical investigation; they were unfortunately lost. Dogs in China frequently suffer and die from blood parasites analogous to those I have noted.

Yours very faithfully,

Sir Joseph Fayrer, F.R.S., London. JOHN HOYSTED.

Medical History and Post-mortem of a Terrier Bitch at Rassa Station Hospital, Sunghie Ugong, Straits Settlements.

History.—Weight 30 lb.; age 4½ years. Had four litters of pups; was supposed to be in pup five weeks; had good health up to the time of fatal illness; owner noticed a tumour come and go away again in her neck for three years. Symptoms: Looked dull, and had paroxysms of coughings and attempts to expel stomachic contents for three hours before death; did not succeed in ejecting pulmonary or gastric matters; snapped once when placed in a hot bath. On the same day she wheeled completely round, then fell on her side, breathing convulsively, and died in ten minutes.

Post mortem examination.—Unduly clothed in fat. Veins of neck engorged and full of clots; tracheal tube healthy and free from foreign body. Lungs congested (venous); specific gravity, however, unaltered, sections floating in water; when cut the surfaces exuded frothy serum and mucus. Œsophagus healthy; no foreign body found, as expected. The cardiac extremity contained a little pulpified food; stomachic contents similar. Mucous membrane and rugæ well defined; hollow viscera healthy (examined to rectum). Peritoneum healthy, but loaded with fatty bands. Liver slightly congested; venous channels dissected for some distance, blood-clot alone found. Kidneys congested. Brain not examined. Arteries generally found empty, veins free of blood-clot (recent). Lungs with heart attached removed from thoracic cavity. Ascending and descending cavæ followed up for some distance, blood-clot alone found.

Heart: right ventricle exposed, crammed with recent clot and long white worms; on close inspection the worms were found in close connexion with clot and not the endocardial lining. Right ventricular cavity twice the size of left; walls half as thick. No attenuation detected. The clot with worms attached reached about one inch up pulmonary artery. Also in right auricle blood-clot with a large ball of worms were found. Left side of heart nearly empty; no worms there detected, nor in any other part of body.

Causes.—No doubt drinking impure still water, rich in animal and vegetable organisms.

Remarks.—The worms were derived from without, and had an extraordinary affinity for right heart, and though they had no distinct connexion with the endocardial lining, they were unaffected as to position by blood's current. No symptoms in life ever indicated embolism or thrombosis; no symptoms of ill-health observed from their accumulation; no pulmonary uneasiness. Queries: How is it they did not migrate? Why did their existence never produce subjective symptoms before the fatal attack? Why is the right heart their habitat? Womb, unimpregnated, 1¼ in. long, 1 in. broad at fundus. The worms were about 2¼ in. long, like threads, and rolled together in a round ball-like accumulation. They were sent for microscopical investigation, were neglected, and lost.

PARLIAMENTARY PROCEEDINGS.

HOUSE OF LORDS.

Monday, Feb. 24th.

THE PLAGUE.

THE Duke of RICHMOND and GORDON, in reply to Lord Stanley of Alderley, said that Her Majesty's Government did intend to take the precautions alluded to by the noble lord as soon as it might be necessary to do so; but, as at present all navigation in the Baltic was stopped, it was not necessary to issue the same order with respect to the ports in the Baltic as had been promulgated in reference to those in the Black Sea. Her Majesty's Government had not placed restrictions on the importation of rags, nor did they think there was any necessity for such a measure.

DAIRIES.

The Duke of RICHMOND and GORDON, in answering Lord Cottesloe, said he was sorry to hear that there were such objections to the order as those spoken of by the noble lord. The order had been issued in accordance with the 34th Section of the Contagious Diseases (Animals) Act of last year. He could, of course, state what were the intentions of the Government in framing that order; but it would be impossible for him to make an authoritative statement as to the particular cases that might from time to time be brought within the order. Each case must rest on its own merits. He would, however, state very distinctly that the intention was that those who sold butter, cheese, and milk should be included within the order. He did not think that those who sold butter and cheese but did not sell milk would come within it, the object being to secure to the public a supply of pure and wholesome milk. The noble lord appeared to think that the regulation was a stringent and expensive one. If the noble lord referred to the 56th Section of the Act, he would see that no charge was made by the local authority for anything done under the Act, so that there was no expense whatever to any one registered under the order. He could not think the noble lord would wish that persons who sold milk should be allowed to sell milk without any restriction whatever. It was recognised that disease was much spread by the use of bad milk; and therefore he thought the order must be regarded as one made in the interests of all consumers of milk, both high and low, throughout the country.

Tuesday, Feb. 25th.

THE MEDICAL ACTS AMENDMENT BILL.

The Duke of RICHMOND and GORDON laid on the table a Bill to amend the Medical Acts, and in doing so made a statement on the subject, from which it appeared that, with one important exception, the provisions in this Bill are the same as those originally in the Bill introduced by the noble Duke last year. His Grace, having touched briefly on the objections to the existence in the United Kingdom of nineteen separate licensing bodies, each of them giving a single qualification which admitted the holder to have his name placed on the Medical Register, reminded their lordships that in the Bill of last year it was at first proposed that the formation of a Conjoint Examining Board should be left optional with the medical corporations; but having considered the arguments for and against the permissive character of that, the main portion of the Bill, he arrived at the conclusion that it could not be sustained by weight of reason or argument. Accordingly, during the passage of the Bill through their lordships' House, he introduced the compulsory principle, and it was to be found in the Bill now before their lordships. Under this Bill there must be a Conjoint Board of Examiners. By another alteration made in the Bill of last year, the certificate of the Conjoint Board would of itself have been sufficient to entitle the candidate who had obtained it to have his name placed on the Medical Register as a person duly qualified to practise medicine and surgery. In consequence of the objections urged by the medical corporations to that provision, on the ground that its effect would be to lower the status of the medical profession, it was proposed in the present Bill that any person who had obtained the certificate of the Conjoint Board should be entitled to present himself to any of the medical corporations and solicit its diploma. On obtaining this he would be entitled to registration, and if it were refused—but only in this case—the candidate could be admitted to registration on the certificate of the Conjoint Board alone. This latter proviso was all the more necessary because under this Bill the Conjoint Board would be bound to examine women; and it would not do to have them excluded from the Register merely because one of the medical corporations refused to grant them its diploma. Admitting that among the medical body at large there were demands for the reconstitution of the Medical Council, his Grace announced that it was the intention of the Government to refer to a joint committee of the two Houses of Parliament the task of inquiring into and reporting on that constitution, and as to what changes in it, if any, were desirable; but they did not think the progress of this Bill ought to be arrested for that inquiry, and therefore they would endeavour to have this Bill proceeded with, so that it might become law before the end of the present session.

Lord RIPON expressed his opinion that the Bill was entitled to the support of Parliament. The great reform necessary was that there should be only one portal to medical registration; and he thought his noble friend did well not to mix that up with the side question of the constitution of the Medical Council.

The Bill was then read a first time, and the second reading was fixed for next Tuesday week.

HOUSE OF COMMONS.

Thursday, Feb. 20th.

BACK-TO-BACK HOUSES.

In reply to Sir S. Waterlow, Mr. SCLATER-BOOTH said it would not be correct to say that the principle of erecting back-to-back houses has been conceded by the Local Government Board, but it is true that in the case of Idle in the North Brierly Union the Board have stated that, owing to the exceptional circumstances of the locality, they considered that this form of construction might be recognised, provided certain conditions could be complied with, and the regulation brought within the operation of bye-laws under the Public Health Act. But no bye-laws have as yet been submitted by the local authority, so that none have as yet been sanctioned by the Board. He should state that one of the peculiar circumstances was that Parliament had sanctioned back-to-back houses in the neighbouring towns of Leeds and Bradford. There was no objection to lay upon the table of the House the report of Mr. Netten Radcliffe and Mr. Gordon Smith.

THE CASE OF JOHN NOLAN.

Mr. CROSS, in reply to a question from Dr. Kenealy, said the report of the inquiry instituted into the case of that man, who died in Clerkenwell Prison, was received a week or ten days ago, and if the hon. member moved for it, it would be given as an unopposed return.

Monday, Feb. 24th.

DIPHTHERIA IN NORTH LONDON.

Mr. SCLATER-BOOTH, in answer to Sir C. Dilke, said he had no objection to lay upon the table the report made by Mr. W. H. Power on the cause of the late outbreak of diphtheria in North London.

SMALL-POX IN THE METROPOLIS.

In answer to Dr. Cameron, who, in the absence of Dr. Lush, asked a question with regard to the prevalence of small-pox in the metropolis,

Mr. SCLATER-BOOTH said the report of the inquiry instituted by him last year into the causes of the great prevalence of small-pox in the metropolis had not come into his hands, but he had no doubt it would contain information that would lead to a useful amendment of the law.

CORONERS BILL.

Mr. PELL asked the Secretary of State for the Home Department whether he would move to enlarge the reference to the Select Committee to which the Coroners Bill was committed, in order to enable that committee to take evidence and report on the whole question of the appointment, duties, and payment of coroners.

Mr. CROSS said that the way in which the Bill was drawn would give ample opportunity to the committee to report on all the subjects alluded to in his hon. friend's question. He had ordered a statement to be prepared for the use of the committee, which he hoped would give them valuable information. He would venture to suggest that the committee should, in the first place, go through the Bill without taking evidence; and if they should afterwards think it advisable to take evidence he would have no objection to the reference being enlarged to enable them to do so.

Tuesday, Feb. 25th.

THE REV. H. J. DODWELL.

Mr. CROSS, in answer to Mr. Cowen, said he had caused the Rev. H. J. Dodwell, who is now confined as a criminal lunatic, to be examined on the 31st of May by a medical officer, who decided that he was insane. On the 1st of June he was again examined by two other medical gentlemen, who returned the same answer. In consequence, however, of a report which appeared from Dr. Winn and Dr. Winslow, he thought it would be better to have Mr. Dodwell examined by two perfectly independent medical gentlemen. Accordingly he wrote to the Lunacy Commissioners, asking them to appoint two gentlemen for the purpose. Those gentlemen examined Mr. Dodwell on the 18th of September, and in their opinion he was decidedly insane, and it would be unsafe to allow him to leave the prison. Although he had ordered any change for the better to be reported to him, he had since received no report on the subject.

Obituary.

ARTHUR ADAMS, M.R.C.S., F.L.S., &c.

MR. ARTHUR ADAMS, late of the Royal Navy, died on the 16th of October, 1878. He served actively from 1841 to 1871 in the Canton and Peiho rivers during the last war with China. He was greatly esteemed in every position for his sincerity, and was much admired for his widely-spread reputation as a zoologist, artist, and literary man. On account of these latter qualifications he was sent as medical officer in two scientific expeditions; the first, under Sir Edward Belcher, in the Eastern Archipelago and the Australian seas, where his professional ability and scientific acquirements gained for him the personal esteem of his commanding officer, who acknowledged his indebtedness to him for assisting in saving his life when shot and sent overboard in an engagement with pirates in Borneo. On their return he associated him with himself in writing the history of the expedition, and confided to him the task of editing an almost unique Admiralty volume, "The Zoology of the Voyage of H.M.S. *Samarang*," which reflects much scientific credit on the naval department. His later expedition was on the survey of the Chinese and Japanese Seas, in H.M.S. *Actæon*, during the second war with China, after which he published "The Travels of a Naturalist in China, the Corea, and Japan."

Besides these works, his scientific reputation was established by his co-authorship with his brother, the late Henry Adams, of "The Genera of Recent Mollusca, arranged according to their Organisation," and by numerous monographs to be found in Sowerby's "Thesaurus Conchyliorum," the Proceedings of the Zoological Society, as well as most of the scientific periodicals of the day. For these he received the scientific distinctions of F.L.S., of Honorary Membership of the Austrian Imperial Academy of Zoological and Botanical Sciences, of the Entomological Society of Stettin, and also of the Natural History Society of Philadelphia. We need not remark that in possessing such officers as the late Arthur Adams a public service derives honour, and suffers loss in their early death.

EDWARD LEDWICH, F.R.C.S.I.

DEATH has again been busy among the ranks of the medical profession in Dublin. A fortnight ago we chronicled the decease of Mr. McDowell, and now we record the death of Mr. Ledwich, attached to the same hospital and medical school as the former-named gentleman. Mr. Ledwich, who had been in failing health for some time past, suffered recently from jaundice, caused by the passage of biliary calculi, and general debility, and succumbed on Feb. 15th, aged about sixty-five years. Identified for many years with the medical school which bears his name, his estimation as a medical tutor was of the highest; and his profound knowledge of anatomy, on which subject he compiled, with his brother, the late Mr. Thomas H. Ledwich, an exhaustive treatise, was thoroughly appreciated, and obtained for the deceased a world-wide reputation. By Mr. Ledwich's death a vacancy has occurred in Mercer's Hospital, and in the Council of the Royal College of Surgeons in Ireland.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination, received the diploma in Dental Surgery at a meeting of the Board of Examiners on Feb. 24th:—

Councell, Edward Arthur, Bristol.
Dewes, Hugh William, Ashby-de-la-Zouche.
Drinan, Arthur, Dublin.
Hayman, Samuel John, Bristol.
Reeve, Walter, Putney.
Rook, Eustace Henry, Thaxted, Essex.

Four other candidates were examined, but were not approved.

We understand there will be a meeting in committee of the Board of Examiners in Anatomy and Physiology this day (Friday) to determine the limits of Comparative Anatomy in the Primary Examination for the Fellowship of the College, and whether or not the duration of the *viva voce* part of that examination should be increased.

INDIAN MEDICAL SERVICE.—The following candidates for commissions as Surgeons in this Service were successful at the Competitive Examination held at Burlington House on Feb. 17th and following days:—

	Marks.		Marks.
F. F. Perry	2340	C. H. Murray ..	1910
C. B. Hunter ..	2210	H. G. L. Wortabet	1885
P. W. Dalzell ..	2195	J. C. C. Smith ..	1830
S. Little, M.D. ..	2185	R. James	1775
G. H. D. Gimlette	2180	F. Burness	1771
M. Gaisford	2085	E. P. Frenchman ..	1705
W. F. Thomas ..	1935	S. C. Sarkies	1670

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 20th:—

Crallan, Edward James, West Riding Asylum, Wakefield.
Marsden, James Cort, Bangalore, Madras.
Osborn, James, Southwell, Nottinghamshire.
Pardington, George Lucas, Holmer Hall, Hereford.
Williams, Edward, Mold, North Wales.

[In the pass-list of Feb. 13th, "Benjamin Rigden" should have been "Briam Rigden."]

Two of the Eastbourne Poor-law Guardians have been fined for not having their children vaccinated.

DR. TERENCE BRODIE.—The Athlone Board of Guardians, at their last meeting, passed the following resolution:—"That this board regret the loss of the services of Dr. Brodie, Local Government Board inspector, by his removal to a more important district, and desire to place on record the expression of their regret, and of the marked ability and courtesy with which he discharged his official duties during his long connexion with this union."

MR. JOHN OAKESHOTT, surgeon, of Highgate, was knocked down at Charing-cross on Tuesday evening by a van drawn by two horses, and killed on the spot. The driver has been committed for trial.

THE death-rate of London last week was estimated at 23·7, exactly equal to that of the previous week. There were 17 fatal cases of small-pox, 16 of measles, 30 of scarlet fever, 6 of diphtheria, 60 of whooping-cough, 14 of different forms of fever, 16 of diarrhœa, 304 of bronchitis, 119 of pneumonia, and 41 resulting from violence.

THE HAMPSTEAD HOSPITAL CASE.—At a meeting of the Hampstead representative vestry, Mr. Churchwarden Hackworth, who presided, moved, pursuant to notice, "That this vestry do protest against any further expenditure of the ratepayers' money by the Managers of the Metropolitan Asylums Board in attempting to reverse the verdict recently given after a long and careful trial in the case of Sir Rowland Hill and others *v.* the Managers of the Metropolitan Asylums Board." Mr. George Dibley seconded the motion, which Messrs. T. Bate, Maltby, Pook and J. Bate supported. The resolution was carried unanimously, and a copy thereof was ordered to be sent to every other metropolitan vestry.

HEALTH OF IRELAND.—During the December quarter of the past year the births registered in Ireland amounted to 30,304, being equal to an annual birth-rate of 22·7 in every 1000; and the deaths to 24,201, representing an annual mortality of 18·1 per 1000. The deaths of persons aged sixty years and upwards numbered 10,392, or 43 per cent. of the total at all ages. From the principal zymotic diseases the deaths amounted to 2489—viz., fever caused 642 deaths, whooping-cough 505, diarrhœa 432, scarlatina 408, small-pox 247, measles 161, diphtheria 90, and simple cholera 4.

BEQUESTS ETC. TO MEDICAL CHARITIES.—The Blackburn and East Lancashire Infirmary has received £2000 under the will of Mr. William Pilkington, and become entitled to £1000 under that of Mr. John Tattersall. Miss Henrietta Borradaile, of Bedford-row, bequeathed £500 to the Cancer Hospital. The Sheffield Public Hospital and Dispensary has received £300 under the will of Mr. James Shaw, of Brighton, and become entitled to £334 under that of Mr. Henry Fisher, of Norwood-grange. The Chelsea Hospital for Women has received £400 anonymously towards the building fund.

Medical Appointments.

ALLEN, J. G., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, &c., for the Rich-hill Dispensary District of the Armagh Union, at £120 per annum and fees, and £20 per annum as Medical Officer of Health, vice White, deceased.

ARNOLD, H., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Brafield District of the Hardingstone Union, Northamptonshire.

BAKER, E. L., M.B., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon for the Birstal District, vice Rayner, resigned.

BECKETT, F. M., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the newly-formed Downham and Witchford District of the Ely Union.

BENINGTON, R. C., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed an Assistant House-Physician to St. Thomas's Hospital.

CADGE, W., F.R.C.S.E., has been appointed Consulting Surgeon to the Norwich Dispensary.

CASTLE, H., M.R.C.S.E., L.S.A.L., has been appointed a House-Surgeon to St. Thomas's Hospital.

CLARKE, T., M.D., has been appointed an Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

COLEMAN, A., L.R.C.P.L., F.R.C.S.E., & L.D.S., has been appointed Lecturer on Dental Surgery and Pathology at the Dental Hospital of London, vice Cartwright, resigned.

COOKSON, S., M.D., M.R.C.S.E., has been reappointed Medical Officer of Health for the Castle-Church Sub-district of the Stafford Rural Sanitary District, at £20 per annum.

CROZIER, Mr. W. G., has been elected Resident Surgeon to the Meath Hospital, Dublin.

CULLINGWORTH, C. J., M.R.C.P.L., M.R.C.S., has been appointed Lecturer on Medical Jurisprudence at the Owens College School of Medicine, Manchester.

DAVIES, D. S., M.R.C.S.E., L.S.A.L., has been appointed Assistant House-Surgeon to St. Thomas's Hospital.

EADE, P., M.D., F.R.C.P.L., has been appointed Consulting Physician to the Norwich Dispensary.

EWEN, A. B., M.R.C.S.E. & L.M., L.S.A.L., has been appointed Certifying Factory Surgeon for the Exmouth District.

FENNELL, J. P., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed House-Surgeon and Secretary to the Stourbridge Dispensary, vice Cossham, resigned.

GREAVES, C. H., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Tillington Sub-district of the Stafford Rural Sanitary District, at £3 per annum.

HASLAM, W. F., M.R.C.S.E., L.S.A.L., has been appointed an Assistant House-Physician to St. Thomas's Hospital.

HELE, N. F., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Aldeburgh District of the Plomesgate Union, Suffolk, vice O'Callaghan, resigned.

HUNTER, W. B., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for the No. 2 District of the Downham Union, Norfolk, vice Ennals, resigned.

INSTONE, S. V., M.R.C.S.E., L.S.A.L., has been appointed a Medical Officer to the Gloucester Lying-in Charity.

IRVINE, W., M.D., C.M., has been appointed an Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

JOHNSTON, J. S., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer to the Ancient Order of Foresters, Sheffield, vice O'Keefe, resigned.

MACINTIRE, J. H. L., M.R.C.S.E., L.S.A.L., has been appointed Medical Superintendent of the Bristol Royal Infirmary, vice Smith, appointed one of the Surgeons.

MARTIN, A. H., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the Evesham District, vice New, deceased.

OWEN, W. G., M.B., C.M., has been appointed Certifying Factory Surgeon for the Carnarvon District, vice Jones, resigned.

PHILLIPS, J. D., L.F.P.S.G., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Hoxne District of the Hoxne Union, Suffolk, vice Friend, resigned.

RICHARDSON, T. W., M.R.C.S.E., L.S.A.L., has been appointed a Medical Officer to the Norwich Dispensary, vice Taylor, resigned.

SANDWITH, F. M., L.R.C.P.L., M.R.C.S.E., has been appointed House-Physician to St. Thomas's Hospital.

SAYER, T., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the No. 4 District of the Parish of St. Pancras, vice Pairman, resigned.

SHEARER, G., M.D., L.R.C.S.Ed., has been appointed an Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

SINCLAIR, G. M., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the newly-formed St. Mary's Ely District of the Ely Union.

SMITH, H. W., M.B., M.R.C.S.E., has been appointed Resident Accoucheur to St. Thomas's Hospital.

TAKAKI, K., L.R.C.P.L., M.R.C.S.E., has been appointed a House-Surgeon to St. Thomas's Hospital.

TURNER, A. M. S., M.R.C.S.E., L.S.A.L., has been appointed a Medical Officer to the Gloucester Lying-in Charity.

WESTON, E. F., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Seighford Sub-district of the Stafford Rural Sanitary District, at £20 per annum.

WICKS, W. C., M.B., M.C., &c., has been appointed Medical Officer to the North of England Commercial Travellers' Association, Newcastle-on-Tyne.

Births, Marriages, and Deaths.

BIRTHS.

BUCKELL.—On the 19th ult., at Ledbury, the wife of Dr. J. W. Buckell, of a son.

CLARK.—On the 20th ult., at Elmbank-street, Glasgow, the wife of Henry Edward Clark, L.R.C.P.Ed., of a son.

DUNLOP.—On the 14th ult., at 50, David-place, Jersey, the wife of Andrew Dunlop, M.D., of a son.

MOUAT.—On the 14th ult., at Madras, the wife of George Bridges Mouat, M.D., Surgeon-Major, Army Medical Department, of a son.

SMITH.—On the 19th ult., at Pembridge Villas, Bayswater, the wife of E. Stanley Smith, M.R.C.S., of a daughter.

MARRIAGES.

BRUCE—LEA.—On the 25th ult., at St. Mary's Church, Moseley, John Mitchell Bruce, M.A., M.D., F.R.C.P.L., to Florence Mary, only daughter of James Green Lea, of Moseley, Worcestershire. No cards.

MILLER—DICKIN.—On the 25th ult., at Loppington Church, Shropshire, by the Rev. J. W. Davis, Hugh Miller, M.D., of 25, Hamilton-square, Birkenhead, to Sarah Emma, widow of Dr. W. A. P. Dickin.

DEATHS.

ANDERSON.—On the 22nd ult., at Glasgow, Dr. William Neilson Anderson, of Irvine, aged 41.

BENNETT.—On the 15th ult., at Low Risby, Lucas Marshall Bennett, M.R.C.S.E., of Winterton, aged 69.

BROWN.—On the 21st ult., at Coldstream, Berwickshire, Alexander Brown, L.R.C.P.Ed., aged 48.

CAMPBELL.—On the 5th ult., at Toronto, Canada, Duncan Campbell, M.D.

ELLIS.—On the 16th ult., at Prince of Wales-road, Scarborough, William Ellis, M.R.C.S.E., aged 65.

HARBORD.—On the 20th ult., at Margate, William Harbord, M.R.C.S., L.S.A.L. (late of Wainfleet, Lincolnshire), aged 47.

HASLAM.—On the 18th ult., at Northampton, James Haslam, M.R.C.S.E., aged 35.

PERRY.—On the 19th ult., at Douglas, Isle of Man, John Perry, F.R.C.S.E., of Gillingham-street, Eccleston-square, aged 75.

SHEPPARD.—On the 18th ult., at Clifton, William Yeoman Sheppard, F.R.C.S.E.

WEAVER.—On the 23rd ult., John Weaver, M.R.C.S.E., of Chester, aged 82.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages and Deaths.*

REPORT OF THE ITALIAN COMMISSIONERS IN LUNACY ON THE MENTAL CONDITION OF PASSANANTE.

(*From our own Correspondent.*)

PROFESSORS TAMBURINI, BUONOMO, and TOMMASI, with the Senator VERGA (author of the celebrated monograph on the "Madness of Tasso"), have just issued their Report on the Mental Condition of John Passanante, whose trial for the attempt on King Humbert's life will take place immediately at the Neapolitan Assizes. I hasten to send you a translation of the Report in question, the result of which is, as you already know, a unanimous finding that the plea of insanity raised in Passanante's behalf is invalid, there being no evidence of melancholia, or indeed of any mental disease whatever, in the would-be regicide.

Anthropometry.—John Passanante is twenty-nine years of age, is of spare osseous structure, is 1 metre 63 centimetres high, and 61.500 chilogrammes in weight. His cranium is well formed and well developed, measures 535 millimetres in circumference, and presents the following diameters and curves:—Fronto-occipital diameter, 180 mm.; parietal, 148 mm.; mento-bregmatic, 217 mm.; frontal, 110 mm.; antero-posterior curve, 350 mm.; biauricular, 300 mm.; anterior curve, 265 mm.; posterior curve, 265 mm.; height of forehead, 71 mm.; width of forehead, 135 mm.; cephalic index, 82 mm.; total of the principal curves, 1185 mm.; facial angle, 75 mm.; height of face, 104 mm. These measurements serve to show that the cranium, slightly brachycephalous in form, and not voluminous, is yet normally developed in proportion to the stature and the osseous framework, that it is so in the vertical as well as in the horizontal sense, and that there is no preponderating development either of the anterior over the posterior part, or of the latter over the former; that the frontal region is well developed both as to height and width, and that the cranium predominates over the face, as is evident at the first glance. His hair, beard, and irides are of dark-chesnut colour; his ears are well inserted; his teeth sufficiently regular; his genitals sparingly developed; his last two fingers of the right hand retracted from an old scar due to a burn.

Psychical Functions.—We have submitted them to prolonged examination, overlooking no phase of his mental organism. Passanante's ideation is normal; no idea points even remotely to delirium; nay, as we have already said, the very conceptions, apparently confused in his writings, as explained by him, become clear, and his most utopian ideas, as he expresses them, admit of rational discussion. *A tu reste*, the psychical examination confirmed the results of inquiry into his life and writings. His mind shows an imperfect initiatory culture and a one-sided ulterior culture. Perhaps it is from this that the utopianism of many of his ideas comes, precisely from his lacking those practical criteria which are derived from the confronting of facts, and are given only by complete culture. The productive activity of his ideas is normal; nay, if anything, uncommon. His rapidity in perceiving and forming judgments is also notable. As much may be said of his reflective powers, of the promptness and acuteness of his answers, and of the facility with which in the first answer he prepares for the subsequent ones. His ideas, as well as his expression, are undoubtedly superior to his condition; often elevated and resting on historical cognitions always well applied. Take this as a specimen: "History which is studied practically in the people is more instructive than when studied in books; the people are the teachers of history." The association of ideas is regular, rapid; the attention keen; and, thanks to the rapidity of the perceptions, it passes with equal intensity from one object to another. Amid all his utopian ideas, he gives proof of a certain practical sense when he demonstrates, for example, the defects of the ideas of the Communists. He has the tendency to base his judgments on examples taken from history, from the Bible, and from popular anecdotes, and to reclothe his ideas in an imaginative guise. In the exposition of his ideas, however, he never shows heat, and speaks without the ardour and the glow that betrays the fanatic. It is evident he is profoundly convinced of his ideas, and, without showing himself inflamed by them, he declares his readiness to bear witness to them with his life. His memory is prompt and tenacious.

His sentiments are all well developed, those which have been called altruistic being more developed than those which are called egoistic. Of himself and of his concerns he shows himself, indeed, but little heedful. The sentiment of *vanity* would appear rather strong in him when he thinks of getting printed those amorphous writings of his. Allowance must be made, however, for the fact that in his sphere of life, surrounded by persons more ignorant than he, Passanante, with his knowledge, his uncommon ideas, his facility in expounding them, must have seemed to himself the object of a certain deference on the part of his companions, in the same way that his family for so many years kept his books and his manuscripts as a record that he, alone of them, was able to read and write. Seeing himself, therefore, superior to his neighbours in self-acquired knowledge, in largeness of views, in promptitude of mind, he may have come to entertain this sentiment of his own superiority without its being irrational or unfounded. No wonder, in fine, that from his neighbours he got the incentive to diffuse his writings, which to them, less cultivated than he, seemed worthy of publication; all the more that he has confessed that he had discussed and combined the ideas of many, and had taken counsel with others on whom he counted to get his writings corrected. And to our question, How he, a poor cook, could ever have pretended to publish things so confused, and what could he hope to get by them? he answered: "Where the learned loses himself, the ignorant often comes out triumphant, supporting his assertions by examples drawn from popular legends." We have dwelt on this point because at first sight it would appear the part *minoris resistentiæ* of his mind, and we were anxious to persuade ourselves that we had not to deal with the indications of ambitious monomania. The *affective sentiments* are all well developed. Love of parents and goodwill towards friends are in his eyes a sacred duty. The *religious sentiment*, as far as we can gather, has been highly developed in him in his youthful years, at which time he was fervent in his religious observances; thereafter, having divested himself of external religious forms, belief in God, and in Christ the Son of God, remained. With other questions, as, for instance, the future life, he does not concern himself. The *moral sentiment* is normally developed. We had already concluded as much from his writings, in which he inveighs against vices and abuses, proclaims the Government of honesty, and points out the merited punishment of crime. We had also found the same moral development in his life, which is unstained by a single dishonest act, and we have been confirmed in these conclusions by his answers to us, in which he said: "Theft, offences against good habits, are immoral actions; criminal, in fact, because they are directed against property and the family &c." Homicide, he also says, is an evil, for which he blames the parents, who often give examples of it.

When asked whether (not being able to adduce this last excuse) the action he attempted to perform was good, he added that *he wanted to accuse the people*, that ideas ought to be baptized *with blood*; then he denied he had any intention of killing, but that he only wanted to lower the pride of the King, and to *shame the applaudingmultitude*. When asked what happens in the conscience when one attempts to commit a bad deed, he said: "There are, so to speak, two wills in us, the one which impels, the other which restrains; that which conquers determines the action." He added, however, he was not conscious of any such struggle in the days that preceded the attempt, but only that he was in doubt as to the means to be adopted. The sentiment of duty, as he understands it, is highly developed in him: "We must be true to our friends and our principles," he says. This, perhaps, explains to us better than anything else all the acts of his life, especially this last execrable one.

The instincts are feebly developed; that of self-conservation costs him no effort to subordinate to the demands of his principles. He is satisfied with meagre fare. He never drinks wine, nor has he ever aspired to the comforts of life. The reproductive instinct, by his own confession, has never predominated. His *will* is firm and resolute; in his answers, as in the acts of his life, there is always manifest a prompt and steady resolution. His *speech* is ready, easy, and quick; the expression corresponds well to the thought, more so than might be expected from his imperfect culture. His *handwriting* is regular enough, considering his scanty schooling. The form of the characters, although it recalls the almost uniform handwriting of half-educated persons, is not without individuality, making it readily recognisable among others; the letters are large and full in the stroke, as in the writing of those who have had little practice; they are almost never flourishing; the lines are straight enough and parallel. Errors of orthography and grammar abound.

The *physiognomy* is rather mild; often smiling, with not a trace of truculence. The look, however, is sharp. He quickly knits his eyebrows, especially when he strains his attention to understand what is said to him, and to prepare his answer. As soon as from the commencement of a question he divines the sequel, and feels he has his answer ready, he gives a complacent smile, which sometimes passes into a true ironical simper. His physiognomy is very mobile; the facial muscles very often in action. He rarely, however, betrays emotion. We saw him a little moved only when he presented himself to us the first and second time, and when the conversation turned on his affection towards his friends.

His demeanour is that of an energetic man; his gait erect and independent. His keepers report that he is sometimes sad and moody, and heaves a sigh; he is sometimes cheerful, and only twice in the first days of his imprisonment did he give way to tears; he speaks to them willingly, but not frequently, and on those few occasions he shows greater interest in them than in himself. He often plays at *dama* or at *trex* by himself with pellets of thread, as is the habit of prisoners. He reads almost constantly, and has asked for various books, among them the Bible, which has been given to him. He writes often, and his writings consist of two letters—one of them to the President of the Tribunal, begging him to hasten the trial; while the second is more involved than the other writings, although the sense of them can be divined; and then of several pages on a politico-social theme, divided at every period into verses like the Bible, and directed to explain the ideas he has already committed to paper.

Before terminating the psychical examination, we ought not to omit that Passanante, when interrogated as to whether he approved the plea of madness advanced in justification of his crime, declared firmly and energetically that he disapproved it: "I don't mind death," he said, "but I would rather not pass for a lunatic. If I were declared a lunatic, my principles would be discredited, and I could prove my sanity by my actions. What matters life to me? I want my principles to be maintained."

Function of Relations.—The general sensibility as well as the special is normal; that *for space*, examined by Weber's compass, gives 2 mm. to the tongue, 5 to the hand, 7 to the forehead, 14 to the thorax, 52 to the back; that for the *nature and temperature of bodies &c.* is normal.

Electric Algometry, with the Dubois Reymond and Grenet pile, yields a very exquisite pain-producing (*dolorifica*) sensibility to the electric stimulus. Sensation on the forearm commences at 77 with the condenser almost quite raised; it presents no differences *a fronte*, being intolerable at 92. The same sensibility shows itself less exquisite to the *mechanical stimulus*; but on puncture it is exquisite, as is also the *electro-muscular contractility*. The motility is normal; the pupils a little sluggish in their wandering. The muscular masses are thin. *Dynamometry* gives 60 on the right and 72 on the left. It should be noted, however, that on the right, owing to the retraction of the two last fingers, the dynamometer could not be grasped perfectly. Neither in the tongue nor in the muscles of the face is there any fibrillary tremor, nor oscillations of the fingers of the hand when held extended.

Functions of Vegetative Life.—Circulation and cardiac impulse normal; pulse feeble; pulsations 88 per minute; the sphygmograph marks a quick, acuminated pulse, with some slight oscillation of repercussion in the line of descent. The respirations 22; normal vesicular murmur under the thoracic space; also in the right clavicular region, which appears somewhat more depressed than the left. The temperature gave once 38° C., another time 37·08°; but it is to be noted that in these two days he was somewhat indisposed by a slight gastro-intestinal disturbance. Liver a little enlarged; slight swelling of the spleen. The gastro-intestinal functions, except for the slight disturbance above noted, are normal. Sleep sufficiently normal. He does not sleep much, he says, especially on the days during which he has undergone interrogations. His keepers say he sleeps well at night and sometimes even during the day.

We have thus gone over every phase of Passanante's life, and tested every side of his physical and psychical organism, and we have found nothing morbid. Nay, we have found some faculties rather well developed, without detriment, however, to the others with which they are in full equilibrium. Ideation, perception, sensibility are the most developed. The imaginative faculties and some sentiments like that of duty (as he understands it) are also well developed. Among the ideas prevail those relative to politico-social questions. Many of them are of a utopian, none of a delirious, nature. They are the ideas which are widely diffused in certain social classes—diffused by some of the more or less utopian sects. These ideas have prompted the principal acts of his life; nay, it may be said from the epoch of the full development of thought. Can we say that this predominance reaches the morbid stage? This seems to us the only question which, after an *exposé*, can be raised before establishing the full integrity of his mental faculties. To decide whether the predominance of a certain order of ideas, which are not by their nature morbid, acquires such intensity as to become itself morbid, it is necessary to see the effects of it. Such effects in Passanante's case may be summed-up under these four principal heads—1st, neglect of his occupation; 2nd, his writings; 3rd, the crime committed in 1870; 4th, the attempt on the King in 1878.

Reviewing his life, we find that from the age of seventeen to eighteen he has always been elaborating and developing those ideas; they have not, however, so entirely absorbed his existence as to compel the conclusion that he quite neglected his business, and did not occupy himself with any other; he preferred, it is true, the reading of political journals, but, as he himself observes, all journals are taken as a pastime, and his was that of reading and writing. We see him often change masters, but he assures us it was always to seek a better. It is true that the report of the Inspector of Public Security in Potenza tells us that by his attending more to reading the newspapers than to his daily occupation, and by his disobedience and arrogance, his masters always ended by getting rid of him; but it is also true that with some employers—like Aguglia and the Swiss Manufactory—where he found himself in good condition, he remained for years; which means that the mania of these ideas did not absorb all, nor at all times, his thoughts and acts, and hence their predominance did not reach the morbid stage. His propensity to put in writing the ideas which frothed up in his brain on political and social questions, does this constitute a morbid act? His intellect is certainly not of the common order. He was conscious of a force, a wealth of ideation which he himself could not help seeing to be uncommon. He saw flashing before his mind new conceptions which illumined the darkest problems, and which appeared noble to him, and he felt himself called upon to embody them in imaginative phrases. What marvel that he put them on paper, as in a much higher sphere is done by well-nigh all men who feel an uncommon intellectual movement fermenting in their brain? Add to this that the discussions with others, admitted by himself, stimulated this production actively; that perhaps others advised him to write and diffuse his ideas; hence we find in this also a mere consequence of the ideal of his intellect, and partaking in no degree of the insane deliverances scrawled by monomaniacs and maniacs.

In the crime of 1870 it is impossible to find anything that points even remotely to anything morbid. The coincidence of that deed with the revolutionary disturbances in Calabria and elsewhere, as appears from the newspapers of the time, his relations with persons notoriously opposed to the actual form of Government, and the draught of the seditious proclamation having been revised by many of the ringleaders, the manner in which the deed was prepared and committed, the end it had in view, the clear, precise explanations given by him, all prove plainly that the attempt in question was not individual but concerted, in order to provoke a revolution.

There remains the final act of the dark drama of this man's life—the attempt of the 17th November, 1878. He premeditates it two days; he wavers in uncertainty as to the means to be adopted; the day before he leaves instructions for the payment of some debts, and he writes (he says) the placard he is to affix to the banner. On the morning he provides himself with the banner and the knife; he takes up his position; he throws himself upon his intended victim and wounds him; he does not lose his presence of mind for a moment; as soon as he is interrogated his first words are those of hatred to the king, and of contempt for the people who wanted to kill his assailant. At every interrogatory he showed himself coherent and firm in his principles; he converts the intention of slaying the King into that of "lowering the pride of the king and his applauding myrmidons." In all that there is nothing morbid, nothing haphazard, not a trace of wandering or confusion. His mind is always clear, always coherent. We see, it is true, a man who exposed himself to the sacrifice of his own life, but this is one of his most abiding sentiments, and occasions in him not the slightest hesitation. But what was the motive which determined him to such an act? Was it extrinsic to him or was it intrinsic? Was it, perhaps, in his mind, or was he merely fulfilling a mandate? And if it were the first step in the actuation of his ideas, what did he hope from his succeeding in it? Did he know, or did he hope for, a movement already organised to change the actual order of things? Here we must pause, because the elements for a solution of the problem are wanting. We have, therefore, to limit ourselves to those which he himself furnishes in his own confessions. He says that that which determined him "was the spectacle of the pageant which the people (not, however, the true people, as he would say) prepared for the festive reception of its idol; that impelled him to make a solemn example, a reminder to the said people." This is certainly in keeping with all his ideas. Granting that it is true, it is a logical motive descending in direct concatenation from the principles he professes, principles of which he ardently desires the realisation.

Penetrating as far as we can into the ultimate recesses of his conscience, proving with the elements he himself furnishes the determinant motive to his crime, we find a logical explanation which removes all idea of a morbid impulse. Not one of the effects which the order of ideas to which he has dedicated his life has produced in the various episodes of his career presents any character deserving to be qualified as morbid.

On the other hand, the examination of all his psychical functions, of those of the relations, and of those of the vegetative life, demonstrates no sign whatever of any alteration in his nervous system; his sensibility, on the contrary, is in parts highly developed; the motility normal throughout; the organic functions sufficiently regular. Not one of the functional indications which, at least in part, are never absent when the function of the brain is compromised by the morbid condition of the mind, is found in him. Nor can we discover any congenital disposition or mental alteration, due either to hereditary habit or to the osseous structure in general, and of the head in particular. We are at no pains to disprove that the attempt proceeded from irresistible impulse, or from obtuseness or morbid perversion of the moral sense. The premeditation, the voluntary determination which the facts demonstrate and which he himself sustains, exclude all impulsive elements from the deed. The regular development, already amply shown, of the moral sentiment excludes every hypothesis of any morbid change in that sentiment.

Rome, Feb. 21st, 1879.

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Feb. 27th, 1879.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb	Dry Bulb	Solar Radia in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Feb. 21	29·12	N.E.	32	33	..	38	30	0·52	Overcast
" 22	29·38	E.	32	33	..	37	30	0·12	Overcast
" 23	29·57	N.W.	32	34	..	35	30	..	Cloudy
" 24	29·81	N.E.	..	28	..	37	25	..	Cloudy
" 25	30·06	N.E.	..	32	..	38	27	..	Cloudy
" 26	30·02	N.E.	33	35	..	37	30	..	Cloudy
" 27	30·01	W.	32	33	..	37	31	0·07	Snowing

Notes, Short Comments, and Answers to Correspondents.

"NOTICES" AND "CERTIFICATES" OF LUNACY.

SOME confusion seems to exist as to the nature of the preliminary notice to be given in a case of alleged insanity. When a medical man simply writes out a statement to the effect that in his judgment a particular person is of unsound mind and not fit to be at large, he is fulfilling a simple duty of citizenship, and not exercising a professional function. This statement, which sets the relieving officer in motion, and compels him to lay the case before a justice of the peace within three days, is not a certificate, and may be given by any householder, although it comes with greater force from a medical man. It rests with the relieving officer to call in professional assistance, and, so far as we are aware, he may make his own selection of an adviser, although it is the custom to apply to the district medical officer or, in some districts, to the medical man giving the first notice to attend and examine the case for the information of the magistrate. When a practitioner is thus called upon, he should arrange for the payment of his fee. It is idle to talk about non-payment when the time for insisting has been allowed to slip. Members of the profession should on general grounds secure the payment of their fees, and, as counsel receive their briefs endorsed, medical men should see that payment of the proper fee is made or promised. The notion of payment by results, and failure to pay at all, if after examination no certificate is given, or if the magistrate does not agree with the doctor, cannot either be tolerated or understood.

Quid.—The M.B. degree does not confer the title of "Doctor."

PATHOLOGY: A TRADE.

To the Editor of THE LANCET.

SIR,—My attention has just been drawn to the enclosed advertisement in a paper called the *Bazaar, Exchange and Mart* of this day's date:—

"First-class alide of drunkard's liver, also of healthy liver, for comparison, with explanatory remarks. Post free, 3s. 2d., from Dr. Marsh, St. Helens."

I venture to draw your attention to this elegant extract as throwing light upon the marketable value of first-class drunkard's liver, and the method of its disposal. I hope that I am right in assuming that this public bartering of portions of human viscera is a new branch of professional industry.

Yours faithfully,

Feb. 22nd, 1879. F.R.C.S.

*** The "marketable value of first-class drunkard's liver" seems scarcely a fair way of putting the matter. The value to the public of the knowledge of the physiological effects of intemperance, however, is surely inestimable.—ED. L.

Alex.—No candidates are at present received into the Army Medical Service. There is every reason to believe that a Royal Warrant will be shortly issued, after which candidates will be admitted. Application for the necessary documents should then be made to the Director-General, Army Medical Department, 6, Whitehall-yard, S.W.

Mr. Hopkins.—We cannot give advice in the matter further than to say that no medical man advertising *medicines* is recognised by the profession. This is a proceeding universally condemned.

Veritas.—1 and 2. No.—3. On our correspondent's representation of the facts, Yes.

Dr. Leared's paper shall appear shortly.

THE FIRST EPIDEMIC OF CHOLERA AT BERLIN.

WHEN in 1831 Berlin was visited by cholera, committees were formed to collect information as to the health of the inhabitants, and to close the houses in which cases of the new malady had declared themselves. A cordon drawn before these tenements indicated the line up to which the contagion was supposed to have extended. A police agent, on guard before the house, was furnished with the key; three or four times a day he took the orders of the inmates, and laid on a table, which was placed at a little distance from the door, the food they required. Coined money was thrown into a basin full of acid, and the police fished it out with a spoon; they also took with a tiny pair of tongs the pieces of paper on which the orders were written, and, having duly fumigated them, they were put into a box. When the immured tenants had received their food, the entry door was shut. When a patient was carried to hospital, a police agent preceded the carriage or the stretcher, ringing a bell, and two soldiers had orders not to let anyone come near the patient. The physicians who visited the sick wore cloaks and masks of black wax-cloth. The hospital employés were similarly attired. All the inhabitants were recommended to throw their money when it came from a suspected quarter into a strong solution of green soap, and to fumigate all bank-notes, letters, and such like. As soon as the apprehension arose that the shaggy coats of certain dogs and cats might materially aid the propagation of the contagious principle, these domestic animals were ordered to be slaughtered in all places where they were not absolutely required, while the wings of poultry had to be clipped. All Berlin was thrown into a perfect fever of anxiety. An old woman, dreading an attack of cholera, hanged herself. This state of things lasted three months, but the hardy temperament of the Berliners soon reasserted itself; the wax-cloth costume provoked biting jests, and the police agents were hissed as they rang the bells; all resumed their ordinary mode of life; and although the cholera was not yet on the retreat, the fear of it was now ridiculed. If in our days the same senseless panic is no longer possible, it is due to the progress made in medical science since 1831.

Spes should seek the aid of a qualified practitioner. There are no respectable men who make a specialty of such cases.

THE CLIMATE OF ILFRACOMBE.

To the Editor of THE LANCET.

SIR,—My attention having been called by Dr. E. J. Slade-King to a letter in your last issue, referring to the climate of Sandgate, wherein the writer asks for the temperature of other places on Jan. 12th, I would, with your permission, briefly put before your readers the following facts concerning the climate of Ilfracombe, North Devon:—(*a*) At 9 A.M. on Jan. 12th, the thermometer at the Ilfracombe Hotel Observatory registered 32°, and the temperature rapidly increased during the day. (*b*) During the exceptionally severe winter through which we are passing, 4° of frost have been registered on *one* occasion only. (*c*) There has been an almost entire absence of snow during the winter. (*d*) The mean temperature of December, which, it will be remembered, was an unusually severe month, was 40·7°, while the aloes continued in blossom until the close of the year. In conclusion, I would mention that the characteristic feature of the climate of this coast is absence of extremes.

I am, Sir, your obedient servant,
M. W. TATHAM,
Meteorologist to the Ilfracombe Hotel Company.

Ilfracombe, Feb. 22nd, 1879.

QUININE.

THE Government of Peru is taking active measures to prevent the threatened extermination of the chinchona trees. Gathering the bark will be permitted as hitherto in all parts of the Republic, excepting two valleys in which is grown the *Calisaya* quinine; but felling the trees is absolutely prohibited throughout the entire country, and the bark-stripping is henceforth to be conducted only under certain stringent conditions as to manner and time. To guard against possible contingencies and violation of these orders, the various valleys are ordered to be placed under military control.

John Jones is thanked.

THE AXFORD FUND.

SINCE the last announcement in this journal, the following contributions to the above Fund have been received:—

	£	s.	d.		£	s.	d.
Dr. J. Oakshott	1	1	0	Peter Monti, Esq.	1	1	0
Joseph Edwards, Esq.	5	0	0	Edwin Saunders, Esq.	3	3	0
Worcester Lunatic Asylum	1	0	0	Dr. Harley	1	1	0
Mrs. Daubeny	1	0	0	Dr. Chas. J. Hare	3	3	0
Miss Woods	5	5	0	David Price, Esq.	2	2	0
Jas. Merryweather, Esq.	1	1	0	William Pym, Esq.	2	2	0
Dr. D. Jones	5	0	0				

X—The Chelmsford guardians have passed a resolution, requesting the medical officers of the Board to report at once to the medical officer of health all cases of infectious disease occurring among the poor of the borough. This is a step in the right direction, and we are pleased to note that a similar course of action has been pursued by the Poor-law guardians at Cambridge.

H. G. D.—1. Max Müller's Lectures on the Science of Language, or Whitney's Language and the Study of Language.—2. The modern scientific system is according to the comparative method.

Mr. C. S. Jeafreson.—The communication will be inserted in an early number—if possible, next week.

"A NUT FOR ANTI-VACCINATORS TO CRACK."

Mr. Alex. Wheeler.—We are quite aware that the most perfect system of public vaccination, as at present understood, will not protect Leeds or any other place from epidemics of small-pox and from some mortality; but it will largely mitigate their severity and importance. Inoculation is not now under discussion. Vaccination needs to be repeated well once in the life-time, and then the immunity is almost absolute. The inability to see and admit this fact on the part of a section of human beings is a defect like that of the inability of a certain number of persons to distinguish colours. No evidence will affect it, as we said before.

A. M. C.—Consult an experienced practitioner.

ON ELASTIC PRESSURE IN THE TREATMENT OF INFLAMMATION OF THE JOINTS.

To the Editor of THE LANCET.

SIR,—Mr. Rushton Parker, in your journal of Dec. 7th last, attacks not merely my own particular plan of hydraulo-elastic pressure, but pressure in general, as a treatment for joint affections. He writes: "I believe that pressure is misapplied to hydrops articuli, and that its use is calculated to aggravate the condition it is intended to relieve." He adds: "That cases may get well after compression is undeniable; but these occurrences are, I think, *in spite* of it. This fact alone renders the proof more difficult in writing than in personal acquaintance with its operation." It would be valuable to have a detailed description of that "personal acquaintance with" the "operation" of pressure which Mr. Parker considers strong enough to justify him in condemning the belief in the virtue of pressure which is entertained by almost every British surgeon who uses Scott's dressing for chronic joint cases, or Baynton's dressing for indolent ulcers—that is to say, by almost every surgeon in the country.

There is only one *argument* in Mr. Parker's letter, and that is based on the success attending continuous antiseptic drainage. I read some time ago in Braithwaite's Retrospect what was probably an abstract of the paper in THE LANCET referred to. I then accepted the doctrines of that paper as fully as Mr. Parker does; but it appeared to me to justify conclusions as to the operation of pressure the very opposite to those drawn by him. Does he think that the relief of internal tension and the removal of external compression are the same thing? If so, he is guilty of the physico-physiological fallacy which lies at the bottom of almost all theoretical opposition to compression—a fallacy which I have striven to combat in a paper which will shortly be published in the forthcoming volume of St. Bartholomew's Hospital Reports, to which I would beg to direct his attention; and, so far from perfect rest and the straight position being the real curative agents, and doing their work in spite of the hydraulo-elastic pressure, I have some reason to believe that they rather retard the perfect restoration of a joint to its healthy functions. Certain it is that I have now a case of chronic synovitis with great effusion which has recovered rapidly without any kind of splint, and in spite of the patient's getting about every day and walking backwards and forwards to the hospital as an out-patient. Surely my bag and bandage policy deserves some credit here.

Finally, I beg to thank Mr. Parker for the friendly tone of his comments, and to apologise to you, Sir, for occupying so much space.

Yours &c.,
Manchester-street, W., Jan. 1879. CHAS. B. KEETLEY, F.R.C.S.

"FIAT EXPERIMENTUM."

AT a recent meeting of the Dublin Town Council a discussion took place concerning an epidemic of typhoid fever, the origin of which had been traced by Dr. Cameron, the medical officer of health for the city, to the milk of a certain dairy. Mr. Gray, a member of the Corporation, stated that after Dr. Cameron had made his report, "one of the most eminent medical men in the city" visited the dairy on the following day, gathered round him all the dairy-boys he could, told them that Dr. Cameron's report was all nonsense, and procured a glass of the milk which was supposed to have spread the disease, and drank it. Mr. Gray trusted that this gentleman had not since been attacked, and we can but reiterate the hope.

Obstetrics.—Dr. Barnes's work.

CORONERS' INQUESTS IN KENT.

To the Editor of THE LANCET.

SIR,—Some short time ago I read in your journal an article referring to the few coroners' inquests held in Kent in comparison with other counties. I think it may fairly be attributed to the fact that cases are quietly passed over with but little inquiry, and buried with merely a coroner's certificate. I send you a case in illustration.

On Saturday, the 8th inst., a constable came to me, desiring me to see the body of a new-born baby found in a pond in a state of partial putrefaction. I found a full-timed child, well nourished, with suspicious marks on the right side of the skull; the funis some ten inches long, with torn edges. I told the constable that it was impossible for me to state positively without a post-mortem whether the child had ever had a separate existence from its mother. I expected, of course, a coroner's order the next day for the post-mortem; but, much to my surprise, the superintendent of the district called on Sunday afternoon, and told me that unless the coroner had *proof positive* that the child had ever existed separate from its mother, he could not hold any inquiry, as an *inquest* was to prove *cause of death*, and that he had no power to order a post-mortem, and recover expenses attendant thereon, unless he held an inquest. The body is not now buried, but screwed down in a box, waiting the time that the police may find the mother. A nice state of decomposition the body will then be in, and much chance will any medical man have of making a post-mortem with any hope of finding positive results.

I am, Sir, yours truly,
Hawkhurst, Kent, Feb. 17th, 1879. LOUIS E. AITKENS.